



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE **PROFESSIONAL** **LIMITED LIABILITY COMPANY**

2014 NOV 13 AM 8 49

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the professional limited liability company is:

Hadley Medicine, PLLC

2. The complete street and mailing addresses of the initial designated office:

St. Luke's Clinic - Urology, 775 Pole Line Rd W, Ste 301, Twin Falls, ID 83301

(Street Address)

PO Box 1293, Twin Falls, ID 83303

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

John A Coleman

(Name)

401 Gooding St N, Ste 201, Twin Falls, ID 83301

(Street Address)

4. The name and address of at least one member or manager of the professional limited liability company:

Name

Address

David Hadley, MD

775 Pole Line Rd W, Ste 301, Twin Falls, ID 83301

5. Mailing address for future correspondence (annual report notices):

PO Box 1293, Twin Falls, ID 83303

6. Future effective date of filing (optional): _____

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: Medicine

Signature of a manager, member or authorized person.

Signature

Typed Name: John A Coleman

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/13/2014 05:00

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