



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2013 JUL -6 PM 2:29

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Idaho Memory & Aging Center, PLLC

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

413 N ALLUMBAUGH ST #101, BOISE, ID 83704

(Street Address)

(Mailing Address, if different than street address)

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

Abhilash K. Desai MD

(Name)

413 N ALLUMBAUGH ST #101, BOISE, ID 83704

(Street Address)

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

NameAddress

Abhilash K. Desai MD

413 N ALLUMBAUGH ST #101, BOISE, ID 83704

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

413 N ALLUMBAUGH ST #101, BOISE, ID 83704

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 Abhilash K. DesaiTyped Name: Abhilash K. Desai MD

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/06/2013 05:00
CK: 132336 CT: 1177 BN: 1377022
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