



**CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY**

2011 DEC 28 PM 4:24

-SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

The Sports Hernia Clinic, PLLC

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

9282 Stoney Creek Road, Pocatello, Idaho 83204

(Street Address)

(Mailing Address, if different than street address)

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

John A. Bailey

(Name)

201 East Center Street, Pocatello, Idaho 83201

(Street Address)

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

Name

Address

Drew McRoberts, M.D.

9282 Stoney Creek Road, Pocatello, Idaho 83204

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

9282 Stoney Creek Road, Pocatello, Idaho 83204

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: Medical

Signature of a manager, member or authorized person.

Signature Conrad J. Aiken

Typed Name: Conrad J. Aiken

Signature _____

Typed Name: _____

Secretary of State use only

IDaho SECRETARY OF STATE
12/28/2011 05:00
CK: 4414 CT: 1108 BH: 1303568
1 @ 100.00 = 100.00 PROF LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3