



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2014 MAR -7 AM 9:25

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

IDAHO DYSPHAGIA SPECIALISTS LLC

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

1775 W STATE STREET #248 BOISE, ID 83702

(Street Address)

(Mailing Address, if different than street address)

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

ANNE LEAF

(Name)

1219 N 21ST STREET BOISE ID 83702

(Street Address)

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

Name

Address

ANNE LEAF

1219 N 21ST STREET BOISE, ID 83702

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

1775 W. State St. #248 Boise ID 83702

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Anne Leaf

Typed Name: ANNE LEAF

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

W135254

IDAHO SECRETARY OF STATE  
03/07/2014 05:00  
CK: 4541 CT: 293945 BH: 1414021  
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