

		IFICATE OF OR		<b>Reset Fo</b> For Office Use Only <b>-FILED-</b>	B082 <b>2-</b> 4 <del>855</del>		
THE		ED LIABILITY CO hapters 21 and 25, Idaho C		File #: 0005391862	9 9		
Ň	CAUS .	fee: \$100.00 + \$20.00 for mar		Date Filed: 9/8/2023 9:20:00 AM <b>e typed</b> ).	/8 <mark>8/68</mark>		
1	The name of the limits	d lighility company is:			) 20		
1.	<ol> <li>The name of the limited liability company is: M Bar Emergency Medicine, LLC</li> </ol>						
•	veloce-uper to accore the world is index trausity Contextry 1 to wied Company 168 the software on 100 to a con-						
2.	<ol> <li>The complete street and mailing addresses of the principal office is: 2012 S Longmont Ave</li> </ol>						
	Boise, Idaho 837				M		
		00	<u> </u>		Rec		
3.	The name and complete street address of the registered agent:						
	Michael E Molnar 2012 S Longmont Ave, Boise, Idaho 83706						
4.	The name and addres	iny:	Åq				
	Christine A Molnar 2012 S Longmont Ave, Boise, Idaho 83706						
	Michael E Molnar	ID 83706	0 0				
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					- <u>5</u>		
					Idah		
5.	5. Mailing address for future correspondence (annual report notices):						
	2012 S Longmont Ave, Boise, Idaho 83706						
Basing of organizer(s).							
Printed Name: Michael E Molnar Secretary of State use only							
Signature:							
-	<u> </u>		-		Stat		
Printed Name: Christine A Molnar							
Sign	ature: <u>CANEL</u> A	V					

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