

Printed Name: _____

Signature: ____

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in <u>duplicate</u>. 2016 FEB -3 PM 2: 34 SECRETARY OF STATE STATE OF IDAHO

WILL 1846

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1.	The name of the professional limited liability company is: Talia Sierra, PLLC			
				
2.	The complete street and mailing addresses of the principal office is: 8733 W. Lancelot St.			
	(Street Address)			
	Boise, Idaho 83704			
	(Mailing Address, if different)			
3.	Name and street address of registered agent <u>in Idaho</u> :			
	Talia Sierra		ot St. Boise, Idaho 83704	
	(Name)	(Address)		
4.	The name and address of at least one governor of the limited liability company:			
	Talia Sierra	8733 W. Lancel	8733 W. Lancelot St. Boise, Idaho 83704	
	(Name)	(Address)		
	(Name)	(Address)		
	(Name)	(Address)		
5.	Mailing address for future correspondence (annual report notices):			
	8733 W. Lancelot St. Boise, Idaho 83704			
	(Address)			
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6.	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		(→	
				
			Secretary of State use only	
7,	Signature of a manager, m	ember, or an organizer.	IDANO SECRETARY OF STATE	
Printed Name: Talia Sierra			02/03/2016 05:00	
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