

Signature____

Typed Name: Jason Ludwig

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

12/22/20 #11 9:07

(Instructions on ba	ck of application)	STORES BY OF STATE
The name of the professional lim	ited liability company is:	SECRETURY OF STATE STAGE OF IDATED
Treasure	Valley Medical Directors, PLLC.	<u> </u>
The complete street and mailing a	addresses of the initial designa	ited office:
13150 W. Persimmon Lane, Boise, ID	83713	
(Street Address)		
(Mailing Address, if different than street addres	ss)	
The name and complete street ad	dress of the registered agent:	
Jason Ludwig	5548 N. Chopin Ave. Meridian,	ID 83646
(Name)	(Street Address)	
Aaron Moorhouse Jason Ludwig	4269 W. Dillon Dr. Meridian, ID 5548 N. Chopin Ave. Meridian,	83646
Mailing address for future corresp	•	s):
	· · · · · · · · · · · · · · · · · · ·	
Future effective date of filing (option	onal):	
The limited liability company is a professions for which members are professional services is: Medicine	professional company, and the	
The limited liability company is a professions for which members are professional services is: Medicine nature of a manager, member of	professional company, and the duly licensed or otherwise lega	
The limited liability company is a professions for which members are professional services is: Medicine	professional company, and the duly licensed or otherwise lega	
The limited liability company is a professions for which members are professional services is: Medicine nature of a manager, member of	professional company, and the duly licensed or otherwise lega	ally authorized to render

IDAHO SECRETARY OF STATE

04/20/2012 05:00

CK: 1653 CT: 269533 BH: 1328729
1 @ 186.88 = 188.88 PROF LLC # 2