



# STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

2009 FEB 24 AM 9:4

SECRETARY OF STATE  
STATE OF IDAHO

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-1001

1. The name of the limited liability partnership is: TREASURE VALLEY LASER GROUP LLP

2. If previously filed a statement of partnership, the name used in that statement is:

The date it was filed with the Idaho Secretary of State's Office was:

3. The street address of the limited liability partnership's chief executive office is:

999 N Curtis Rd, Suite 505, Boise, ID 83706

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is:

5. The mailing address for future correspondence is: 999 N Curtis Rd, Suite 505, Boise, ID 83706

6. The above-named partnership elects to be a limited liability partnership.

7. Future effective date (optional):

8. Signature of at least 2 partners:  
Idaho Dermatologic Surgery & Laser Center, P.A.

1) [Signature]  
Typed Name Teri Cottingham M.D.

2) [Signature]  
Typed Name Ryan Dwsley, m.d.

3) [Signature]  
Typed Name Warren Miller, m.d.

01/2001  
Revised 01/2001

Secretary of State use only

IDAHO SECRETARY OF STATE  
02/24/2009 05:00  
CK: NONE CT: 22597 RN: 1158373  
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Web Form

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