

Signature: _

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in <u>duplicate</u>.

FILED EFFECTIVE

2018 FEB 15 AM 10: 52 SECRETARY OF STATE STATE OF IDAHO

1.	The name of the professional limited lial Morejon Health Servic		
 The complete street and mailing addresses of the principal office is: 4106 W Golden Barrel St Eagle, ID 83616 		·	
	(Street Address)		
	(Mailing Address, if different)		
3.	Name and street address of registered agent in Idaho:		
	Whitney Morejon	4106 W Golden Barrel St Eagle, ID 83616	
	(Name)	(Address)	
4.	The name and address of at least one governor of the limited liability company:		
•	Whitney Morejon	4106 W Golden Barrel St Eagle, ID 83616	
	(Name)	(Address)	
	(Name)	(Address)	
	(Name)	(Address)	
5.	Mailing address for future correspondence (annual report notices):		
	4106 W Golden Barrel	St Eagle, ID 83616	
	(Address)		
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	<u> </u>	
7.	Signature of a manager member of	Secretary of State use only	
7. Signature of a manager, member, or an organizer. Printed Name: Whitney Morejon		n IDAHO SECRETARY OF STATE	
Pr.	inted Name:		
Sig	gnature: What the	CK: 16568036 CT: 172099 BH: 1627083 10 100.00 = 100.00 PROF LLC #2	
Printed Name:		MIQUALT	