

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

11 APR - 1 AM 8: 43

Typed Name: Erick B Knight	LIMITED LIABIL	IIY CUMPANY	
2. The complete street and mailing addresses of the initial designated/principal office: 416 Linden Dr (Street Address) Lewiston, Idaho 83501 (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Erick B Knight (Name) 416 Linden Dr (Street Address) 4. The name and address of at least one member or manager of the professional limited liability company: Name Erick B Knight 416 Linden Dr Lewiston, Idaho 83501 5. Mailing address for future correspondence (annual report notices): 416 Linden Dr Lewiston, Idaho 83501 6. Future effective date of filing (optional): 7. 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 Signature of a manager, member or authorized person. Secretary of State use only Signature Erick B Knight	·	, ,	SECRATE BY OF STATE STATE OF IDAHO
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IDAHO SECRETARY OF STATE

04/01/2011 05:00

CK: 1835 CT: 257255 BH: 1267298

1 @ 100.00 = 100.00 PROFILC # 2

1 @ 20.00 = 20.00 EXPEDITE C # 3

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