



# **CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY**

**FILED EFFECTIVE**

11 APR -1 AM 8:43

 SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

1. The name of the professional limited liability company is:

Knight Medical, PLLC

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 Lewiston, Idaho 83501

(Street Address)

4. The name and address of at least one member or manager of the professional limited liability company:

**Name**
**Address**

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.

Signature

Typed Name: Erick B Knight

Signature

Typed Name:

Secretary of State use only

 IDAHO SECRETARY OF STATE  
 04/01/2011 05:00  
 CK: 1835 CT: 257255 BH: 1267200  
 1 @ 100.00 = 100.00 PROF LLC # 2  
 1 @ 20.00 = 20.00 EXPDITE C # 3

W101954