



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

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

Bradley W Gilman MD PLLC

2. The complete street and mailing addresses of the initial designated office:

973 W Oceano Bello Dr, Eagle, ID 83616

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Bradley W Gilman

(Name)

973 W Oceano Bello Dr, Eagle, ID 83616

(Street Address)

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

Name

Address

Bradley W Gilman

973 W Oceano Bello Dr, Eagle, ID 83616

5. Mailing address for future correspondence (annual report notices):

973 W Oceano Bello Dr, Eagle, ID 83616

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: Bradley W Gilman

Signature

Typed Name:

Secretary of State use only

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03/23/2015 05:00

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