



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

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

Idaho Regional Hand & Upper Extremity Center PLLC

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

1283 N Bonneville Road, Inkom, ID 83245

(Street Address)

(Mailing Address, if different than street address)

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

Jeffrey Stucki

(Name)

1283 N Bonneville Road, Inkom, ID 83245

(Street Address)

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

Name

Address

Jeffrey Stucki

1283 N Bonneville Road, Inkom, ID 83245

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

1283 N Bonneville Road, Inkom, ID 83245

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: Jeffery Stucki (single member)

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/11/2012 05:00
CK: 269 CT: 271323 BH: 1327813
1 @ 100.00 = 100.00 PROF LLC # 2

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