



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE
11 APR 28 AM 8:22

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

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

VALLEY VIEW FAMILY MEDICAL PLLC

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

1100 NORTH LINCOLN AVENUE JEROME, ID 83338

(Street Address)

(Mailing Address, if different than street address)

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

J'LENE MENA

(Name)

164 EAST 200 SOUTH JEROME, ID 83338

(Street Address)

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

Name

Address

ROBERT M MENA

1100 NORTH LINCOLN AVE JEROME, ID 83338

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

1100 NORTH LINCOLN AVE JEROME, ID 83338

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: MEDICAL PRACTICE

Signature of a manager, member or authorized person.

Signature Robert Mena

Typed Name: ROBERT M MENA

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/28/2011 05:00
CK: 3457 CT: 258255 BH: 1271353
1 @ 100.00 = 100.00 PROF LLC # 2

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