



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE
2013 SEP -6 PM 4:48
SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

DOCTORS DIET PROGRAM OF IDAHO, PLLC

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

2150 E FAIRVIEW AVE, STE 100, MERIDIAN, ID 83642

(Street Address)

13601 W. MCMILLAN RD STE 102-319, BOISE, ID 83713

(Mailing Address, if different than street address)

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

MURRY B STURKIE, DO

(Name)

2150 E FAIRVIEW AVE, STE 100, MERIDIAN, ID 83642

(Street Address)

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

<u>Name</u>	<u>Address</u>
<u>MURRY B STURKIE, DO</u>	<u>2150 E FAIRVIEW AVE, STE 100</u>
<u>MERIDIAN, ID 83642</u>	<u></u>

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

13601 W MCMILLAN RD STE 102-319, BOISE, ID 83713

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: MURRY B. STURKIE, DO

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/06/2013 05:00
CK: 1541862 CT: 172899 BH: 1389094
1 @ 100.00 = 100.00 PROF LLC # 2

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