



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE
2016 OCT 31 AM 10:04
SECRETARY OF STATE
STATE OF IDAHO

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

Briana O'Donnell, PLLC

2. The complete street and mailing addresses of the principal office is:

2669 4th Ave. East, Twin Falls, ID 83301

(City or town)

PO Box 1293, Twin Falls, ID 83303

(Mailing Address, if different)

3. Name and street address of registered agent in Idaho:

John A. Coleman

401 Gooding Street North, #201, Twin Falls, ID 83301

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Briana O'Donnell

2669 4th Ave. East, Twin Falls, ID 83301

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

PO Box 1293, Twin Falls, ID 83303

(City or town)

6. 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



7. Signature of a manager, member, or an organizer.

Printed Name: Briana O'Donnell

Signature: Briana O'Donnell

Printed Name: _____

Signature: _____

Rev. 08/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

10/31/2016 05:00

CK:104 CT:330672 BH:1553039

1@ 100.00 = 100.00 PROF LLC #2

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