



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

11 NOV -7 AM 9:00

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Luis M Fernandez PLLC

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

1635 Bench Rd, Pocatello, ID 83201
(Street Address)

(Mailing Address, if different than street address)

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

Luis M Fernandez
(Name)

1635 Bench Rd Pocatello ID 83201
(Street Address)

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

Luis M Fernandez
Name

1635 Bench Rd Pocatello ID 83201
Address

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

1635 Bench Rd, Pocatello, ID 83201

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 (Physicians)

Signature of a manager, member or authorized person.

Signature Luis M Fernandez

Typed Name: Luis M Fernandez

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/07/2011 05:00
CK: 2956 CT: 263966 BH: 1297189
1 @ 100.00 = 100.00 PROF LLC # 2

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