



# **CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY**

**FILED EFFECTIVE**

11 APR -4 AM 9:17

 SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

Connolly MD, PLLC ~~Eve & Kevin Connolly, PLLC~~

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

361 Gunfighter Circle, Mountain Home AFB, ID 83648

(Street Address)

361 Gunfighter Circle, Mountain Home AFB, ID 83648

(Mailing Address, if different than street address)

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

Eve Connolly

(Name)

361 Gunfighter Circle, Mountain Home AFB, ID 83648

(Street Address)

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

**Name**

**Address**

Eve Connolly

361 Gunfighter Circle, Mountain Home AFB, ID 83648

Kevin Connolly

361 Gunfighter Circle, Mountain Home AFB, ID 83648

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

361 Gunfighter Circle, Mountain Home AFB, ID 83648

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 Eve Connolly

Typed Name: Eve Connolly

Signature Kevin Connolly

Typed Name: Kevin Connolly

Secretary of State use only

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04/04/2011 05:00  
CK: 2719 CT: 257335 BH: 1267541  
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