



CERTIFICATE OF ORGANIZATION

PROFESSIONAL LIMITED LIABILITY COMPANY

2011 AUG -1 AM 11:27

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Wilderness Medical Outreach PLLC

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

209 Wilderness Way Boise, ID 83716

(Street Address)

PO Box 160 Idaho City, ID 83631

(Mailing Address, if different than street address)

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

InCorp Services, Inc.

(Name)

921 S. Orchard Street, Suite G Boise, ID 83705

(Street Address)

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

Name

Address

Matthew Jacob Nelson

209 Wilderness Way, Boise, ID 83716

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

PO Box 160 Idaho City, ID 83631

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 / Physician Services

Signature of a manager, member or authorized person.

Signature Matthew J. Nelson

Typed Name: Matthew J. Nelson, MD

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/01/2011 05:00
CK: 526 CT: 261124 BH: 1284646
1 @ 100.00 = 100.00 PROF LLC # 2
1 @ 20.00 = 20.00 EXPDITE C # 3

W105454