



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

11 AUG 17 AM 8:47

(Instructions on back of application)

 SECRETARY OF STATE
STATE OF IDAHO

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

Bowman Medical Services, PLLC

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

1841 Galena, Twin Falls, Idaho 83301

(Street Address)

(Mailing Address, if different than street address)

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

Adam Bowman

(Name)

1841 Galena, Twin Falls, Idaho 83301

(Street Address)

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

Name
Address

Adam Bowman

1841 Galena, Twin Falls, Idaho 83301

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

1841 Galena, Twin Falls, Idaho 83301

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 [Signature]

 Typed Name: Adam Bowman

Signature _____

Typed Name: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
 08/17/2011 05:00
 CK: 1002 CT: 261624 BH: 1206025
 1 @ 100.00 = 100.00 PROF LLC # 2

W105954