



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

09 DEC 16 AM 8:17

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the professional limited liability company is: Charles F. Call, DPM, PLLC
2. The complete street and mailing addresses of the initial designated/principal office:
718 Beulah's Lane, Idaho Falls, Idaho 83401

(Street Address)

(Mailing Address, if different than street address)

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

Charles F. Call, III

718 Beulah's Lane

(Name)

(Street Address)

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

Name

Address

Charles F. Call, III

718 Beulah's Lane, Idaho Falls, Idaho 83401

Colleen S. Call

718 Beulah's Lane, Idaho Falls, Idaho 83401

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

718 Beulah's Lane, Idaho Falls, Idaho 83401

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: Podiatry

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Secretary of State use only

Signature _____

Typed Name: _____

Signature _____

Typed Name: _____

Charles F. Call III

Colleen S. Call

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Revised 07/2008

IDAHO SECRETARY OF STATE
12/16/2009 05:00
CK: 10150 CT: 243039 DH: 1199326
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