



**CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY**

**FILED EFFECTIVE
2015 APR -9 PM 2:27**

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

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

Simpson DermCare and Family Medicine, PLLC

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

3070 Wimbleton Circle, Idaho Falls, Idaho, 83406

(Street Address)

(Mailing Address, if different than street address)

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

Isac Simpson, M.D.
(Name)

3070 Wimbleton Circle, Idaho Falls, Idaho, 83406
(Street Address)

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

<u>Name</u>	<u>Address</u>
Isac Simpson, M.D.	3070 Wimbleton Circle, Idaho Falls, Idaho, 83406

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

3070 Wimbleton Circle, Idaho Falls, Idaho, 83406

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 Ryan B. Meikle

Typed Name: Ryan B. Meikle

Signature _____

Typed Name: _____

Secretary of State use only

IDaho SECRETARY OF STATE

04/09/2015 05:00

CR: PREPAID CT:12945 BH:1470237
1@ 100.00 = 100.00 PROF LLC #2
1@ 20.00 = 20.00 EXPEDITE C #3