

Signature: _

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

2016 MAR 1 1 PM 2: 16

Complete and submit the application in duplicate.

SECRETARY OF STATE

	Complete and Salam	t the approace in approace	STATE OF IDAHO
1.	The name of the professional limited		
	Table Rock Mobile Medicine, PLLC		
2.	The complete street and mailing addresses of the principal office is: 8096 W. Arapaho Ct., Garden City, ID 83714		
	(Street Address) PO Box 44953 Boise, ID 8371 (Making Address, 11 different)	11	
3.	Name and street address of registered agent <u>in Idaho</u> :		
	Bradley A. Bigford 8096 W. Arapaho Ct., Garden City,		Ct., Garden City, ID 83714
	(Name)	(Address)	
4.	The name and address of at least one governor of the limited liability company:		
	Bradley A. Bigford	8096 W. Arapaho	Ct., Garden City, ID 83714
	(Nama)	(Address)	
	(Nams)	(Address)	
	(Name)	(Address)	
5.	Mailing address for future correspondence (annual report notices): PO Box 44953 Boise, ID 83711		
	(Add:ess)		
6.	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:		
	Nu Nu	rsing	
	7. Signature of a manager, member, or an organizer. Printed Name: Bradley A. Bigford, MSN, APRN, NP-C Signature: Pull 13		Secretary of State use only IDAHO SECRETARY OF STATE 03/11/2016 05:00 CK:3685594 CT:172099 EH:1518120 16 100.00 = 100.00 PROF LLC #2 WUSTU
	inted Name:		Wills

Rev. 08/2015