

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

11 APR 11 AM 11:53

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

My MD, PLLC

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

100 W. COTTONWOOD CT. STE 150, EAGLE ID 83616

(Street Address)

PO BOX 2013, EAGLE IDAHO 83616

(Mailing Address, if different than street address)

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

MICHAEL R. MINAS, MD

(Name)

100 W. COTTONWOOD CT. STE 150

(Street Address)

EAGLE ID 83616

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

NameMICHAEL R. MINAS, MDAddressP.O. BOX 2013 EAGLE IDAHO 83616

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

PO BOX 2013, EAGLE IDAHO 83616

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

M. MINAS, MD

Typed Name:

MICHAEL R. MINAS, MD

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

04/11/2011 05:00
 CK: 2691 CT: 183612 BH: 1268590
 1 @ 100.00 = 100.00 PROF LLC # 2

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