



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2013 AUG -5 AM 9:14

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

B FAURE ATC-L PLLC

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

13279 N. MOONGLOW LN Pocatello, ID 83202

(Street Address)

(Mailing Address, if different than street address)

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

BRENT FAURE

(Name)

13279 N. MOONGLOW LN Pocatello, ID 83202

(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>
BRENT FAURE	13279 N. MOONGLOW LN Pocatello, ID 83202
CAROLINE FAURE	13279 N. MOONGLOW LN Pocatello, ID 83202

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

13279 N. MOONGLOW LN Pocatello, ID 83202

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

Typed Name: Brent Faure

Signature

Typed Name: Caroline Faure

Secretary of State use only

IDAHO SECRETARY OF STATE
 08/05/2013 05:00
 CK: 3009 CT: 206065 BH: 1304875
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