



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2013 MAR -6 AM 8:43

1. The name of the limited liability company is:

MV Internal Medicine LLC

SECRETARY OF STATE
STATE OF IDAHO

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

3629 Woodhaven Lane

(Street Address)

Idaho Falls, ID 83404

(Mailing Address, if different than street address)

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

Shannon Taylor

(Name)

3629 Woodhaven Lane, Idaho Falls, ID 83404

(Street Address)

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

Name

Address

Scott Taylor

3629 Woodhaven Lane, Idaho Falls, ID 83404

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

15 W. Main, Rexburg, ID 83440

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Scott Taylor

Signature _____

Typed Name: Shannon Taylor

Secretary of State use only

IDAHO SECRETARY OF STATE
03/06/2013 05:00
CK: 2636 CT: 200233 RH: 1363133
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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