



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2014 MAY 22 AM 8:54

(Instructions on back of application)

1. The name of the professional limited liability company is

Magic Valley Psychiatry, PLLC

SECRETARY OF STATE
STATE OF IDAHO

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

211 9th Avenue North, Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Kim Cheri Wiggins

(Name)

211 9th Avenue North, Twin Falls, ID 83301

(Street Address)

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

Name

Address

Kim Cheri Wiggins

211 9th Avenue North, Twin Falls, ID 83301

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

211 9th Avenue North, Twin Falls, ID 83301

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

Kim Cheri Wiggins

Typed Name:

Kim Cheri Wiggins

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

05/22/2014 05:00

CK:3259 CT:275935 BH:1425898

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