



# **CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY**

**FILED EFFECTIVE**  
2015 MAR -5 AM 8:57

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

David L. Francis, MD PLLC

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

Portneuf Medical Center 777 Hospital Way Pocatello, Idaho 83201

(Street Address)

(Mailing Address, if different than street address)

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

David L. Francis, MD

(Name)

2928 Michelle Street Pocatello, ID 83201

(Street Address)

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

Name

Address

David L. Francis, MD

2928 Michelle Street Pocatello, ID 83201

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

Portneuf Medical Center 777 Hospital Way Pocatello, ID 83201

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 [Signature]

Typed Name: David L. Francis, MD

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

03/05/2015 05:00

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