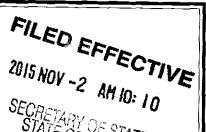


CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)



ne name of the limited liability company is: Anthony J Anderson, MD & Assoc, LLC		STATE OF BAHOTE	
The complete street and mailing 1404 Pomerelle Avenue Suite B, B	ng addresses of the Jurley, ID 83318	initial designated office:	
(Street Address)			
(Mailing Address, if different than street add	fress)	<u> </u>	
The name and complete stree	t address of the req	istered agent:	
Anthony Judd Anderson	1404 Pomere	1404 Pomerelle Avenue Suite B, Burley, ID 83318	
(Name)	(Street Address)	(Street Address)	
company: <u>Name</u> Anthony Judd Anderson	1404 Pomere	Address le Avenue Suite B, Burley, ID 83318	
		To Avenue Outle B, Bulley, ID 63316	
			
Mailing address for future corre	espondence (annua	l report notices):	
1404 Pomerelle Avenue Suite B, Bo	urley, ID 83318	,	
Future effective date of filing (o	ptional):		
nature of a manager, member	er or authorized		
son.		Secretary of State use only	
nature	7	IDANO SECRETARY OF STA	
ed Name: Anthony Judd Andersor		11/02/2015 05:0	
		CK:2991 CT:297652 BH:14	
nature			

W157981

Typed Name: _____