



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2015 NOV -2 AM 10:10

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Anthony J Anderson, MD & Assoc, LLC

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

1404 Pomerelle Avenue Suite B, Burley, ID 83318

(Street Address)

(Mailing Address, if different than street address)

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

Anthony Judd Anderson

(Name)

1404 Pomerelle Avenue Suite B, Burley, ID 83318

(Street Address)

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

Name

Anthony Judd Anderson

Address

1404 Pomerelle Avenue Suite B, Burley, ID 83318

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

1404 Pomerelle Avenue Suite B, Burley, ID 83318

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Anthony Judd Anderson

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/02/2015 05:00

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