

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

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

2818 JUL -2 AN II: 38

SECRETARY OF STATE STATE OF IDAHO

Complete and submit the application in duplicate.

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

Vermon S. Esplin, M.D., PLLC

(Street Address)	
(Mailing Address, if different)	
Name and street address of registered a	gent <u>in Idaho</u> :
Vermon S. Esplin, MD	444 Hospital Way, Suite 710, Pocatello, Idaho 8320
(Name)	(Address)
The name and address of at least one go	property of the limited liebility, government
Vermon S. Esplin, MD	
(Name)	444 Hospital Way, Suite 710, Pocatello, Idaho 8320
	(main cas)
(Name)	(Address)
(Name)	(Address)
Mailing address for future correspondence	te (annual report notices):
	10, Pocatello, Idaho 83201
(Address)	
The limited liability company is a professi	onal company, and the principal profession or professions for which members a zed to render professional services is:
any noctions of carefulation regard addition	

IDAHO SECRETARY OF STATE 07/02/2018 05:00

CK:19495174 CT:172099 BH:1651587 16 100.00 = 100.00 PROF LLC #3 10 20.00 = 20.00 EXPEDITE C #4

W204543

7. Signature of a manager, member, or an organizer.

Dave Bagley (Organizer) Printed Name:

Signature: .

Printed Name:

Signature: .

Rev. 11/2017