



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 APR 25 PM 1:05

SECRETARY OF STATE
STATE OF IDAHO

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

Alliance Concierge Care, PLLC

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

228 E. Woodlander Dr., Eagle, ID 83616

(Street Address)

(Mailing Address, if different than street address)

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

Josh Sears

(Name)

2752 S. Goshen, Boise, ID 83709

(Street Address)

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

Name

Address

Andrea Axtell

228 E. Woodlander Dr., Eagle, ID 83616

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

228 E. Woodlander Dr., Eagle, ID 83616

6. Future effective date of filing (optional): N/A

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

Typed Name: Josh Sears

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/25/2014 05:00

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