



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

08 DEC 19 AM 11:49

(Instructions on back of application)

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

David M. Cameron, M.D., PLLC

SECRETARY OF STATE
STATE OF IDAHO

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

444 Hospital Way, Suite 701, Pocatello, Idaho 83201

(Street Address)

(Mailing Address, if different than street address)

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

Dave R. Gallafent

109 N. Arthur, Pocatello, Idaho 83204

(Name)

(Street Address)

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

Name

Address

David M. Cameron

488 Pocano, Chubback, Idaho 83202

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

444 Hospital Way, Suite 701, Pocatello, Idaho 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 an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature

Typed Name: Justin R. Ellis, Organizer

Signature

Typed Name: _____

Secretary of State use only

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12/19/2008 05:00
CK: 3496 CT: 169988 BH: 1149818
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