



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

(Instructions on back of application)

**FILED EFFECTIVE**

2014 JUL 21 AM 9:26

SECRETARY OF STATE  
STATE OF IDAHO

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

McEntire Pain, PLLC

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

180 Canyon Crest Drive West, Twin Falls, ID 83301

(Street Address)

139 River Vista Pl #202, Twin Falls, ID 83301

(Mailing Address, if different than street address)

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

Michael McEntire

(Name)

180 Canyon Crest Dr W, Twin Falls, ID 83301

(Street Address)

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

Name

Address

Michael McEntire

180 Canyon Crest Dr W, Twin Falls, ID 83301

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

139 River Vista Pl #202, Twin Falls, ID 83301

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 a manager, member or authorized person.

Signature

Typed Name: Michael McEntire

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**07/21/2014 05:00**

CK:1058 CT:299153 BH:1433920

1@ 100.00 = 100.00 PROF LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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