



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2011 JUL 26 PM 3: 32

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Daniel Dallon, PLLC.

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

Portneuf Medical Center, Emergency Dept. c/o Dr. Dallon, 777 Hospital Way, Pocatello, ID 83201

(Street Address)

(Mailing Address, if different than street address)

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

Daniel Dallon

(Name)

Emergency Dept, 777 Hospital Way, Pocatello, ID 83201

(Street Address)

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

Name

Address

Daniel Dallon

Emergency Dept, 777 Hospital Way, Pocatello, ID 83201

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

Emergency Dept., 777 Hospital Way, Pocatello, ID 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: Emergency Medicine

Signature of a manager, member or authorized person.

Signature

Typed Name:

Daniel Dallon

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
07/26/2011 05:00
CK: 740714 CT: 172099 BH: 1284064
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