Printed Name: __

Signature: _

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code
Filing fee: \$100 typed, \$120 not typed
Complete and submit the application in duplicate.

2017 JUN 15 PM 3: 35 SECRETARY UF STATE STATE OF IDAHO

			OF IDAHO	
1.	The name of the professional limited liability company is: Radiant Body Physician Group, LLC			
2.	The complete street and mailing addresses of the principal office is:			
	6755 Cochrane Drive			
	(Street Address)			
	Meridian, Idaho 83642			
	(Mailing Address, if different)			
3.	Name and street address of regis	tered agent in Idaho:		
	Bryan Pogue, MD	-	e Meridian, Idaho 83642	
	(Name)	(Address)		
_				
4.	The name and address of at least one governor of the limited liability company:			
	Bryan Pogue, MD	6755 Cochrane Drive	e Meridian, Idaho 83642	
	(Dame)	(Address)		
	(dame)	(Address)		
	(Tame)	(Address)		
5.	Mailing address for future correspondence (annual report notices):			
	Bryan Pogue, MD 6755 Coo	Bryan Pogue, MD 6755 Cochrane Drive Meridian, Idaho 83642		
	(Address)			
6.	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:			
	<u>M</u>	ledicine	☑	
		<u></u>	Secretary of State use only	
7.	Signature of a manager, mem	ber, or an organizer.	• • • • • • • • • • • • • • • • • • • •	
	Bryan Pogue, MD		IDAHO SECRETARY OF STATE	
Pri	nted Name:		06/08/2017 05:00	
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Sig	nature:		10 100.00 = 100.00 PROF LLC #2	

Rev. 08/2015

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IDAHO SECRETARY OF STATE

06/18/2017 05:00 CK:13635184 CT:172099 BH:1589126

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