



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

(Instructions on back of application)

**FILED EFFECTIVE**  
2014 MAY 15 AM 9:06

**SECRETARY OF STATE  
STATE OF IDAHO**

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

Malcom Radiology PLLC

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

2374 Brookcliff Drive Idaho Falls, Idaho 83402

(Street Address)

(Mailing Address, if different than street address)

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

Chris Malcom

(Name)

2374 Brookcliff Drive Idaho Falls, Idaho 83402

(Street Address)

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

**Name**

**Address**

Chris Malcom

2374 BrookCliff Drive Idaho Falls, ID 83402

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

2374 Brookcliff Drive Idaho Falls, Idaho 83402

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 Chris Malcom

Typed Name: Chris Malcom

Signature \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE

**05/15/2014 05:00**

CK:1160 CT:296913 BH:1424940

10 100.00 = 100.00 PROF LLC #2

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