



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2010 NOV -8 AM 9:52

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Foothills Family Medicine, PLLC

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

1416 W. Washington, Boise, ID 83702

(Street Address)

(Mailing Address, if different than street address)

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

Diana R Crumrine

(Name)

1504 S Longmont Boise ID 83706

(Street Address)

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

Name

Address

Diana R. Crumrine

1504 S. Longmont Ave., Boise, ID 83706

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

1504 S. Longmont Ave., Boise, ID 83706

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 Diana R Crumrine

Typed Name: Diana R. Crumrine

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/09/2010 05:00
CK: 48264 CT: 174943 BH: 1246488
1 @ 100.00 = 100.00 PROF LLC # 2

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