



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

# FILED

12 APR 13 AM 9:41

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

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

Fall River Medical, P.L.L.C.

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

817 Willard Ave

(Street Address)

Pocatello, Idaho

(Mailing Address, if different than street address)

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

Martin A. Mangan

(Name)

817 Willard Ave Pocatello Idaho 83201

(Street Address)

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

Name

Address

Martin A. Mangan

817 Willard Ave Pocatello Idaho 83201

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

817 Willard Ave Pocatello Idaho 83201

6. Future effective date of filing (optional): 5/1/2012

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: Family Medicine and Urgent Care Services

Signature of a manager, member or authorized person.

Signature \_\_\_\_\_

Typed Name: Martin A. Mangan, DO O-0518

Signature \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE  
04/13/2012 05:00  
CK: 1098 CT: 269263 BH: 1319666  
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