



**CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

10 FEB 10 AM 11:32

SECRETARY OF STATE
STATE OF IDAHO

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

Dr. M. Snider, PLLC

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

6003 W. Overland Rd., Boise, ID, 83709

(Street Address)

Same as above

(Mailing Address, if different than street address)

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

Melody Snider, Ph.D.

6003 W. Overland Rd., Boise, ID, 83709

(Name)

(Street Address)

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

Name

Address

Melody Snider, Ph.D.

6003 W. Overland Rd., Boise, ID 83709

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

6003 W. Overland Rd., Boise, ID, 83709

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: _____

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Revised 07/2008

Secretary of State use only

Signature Melody Snider, Ph.D.
Typed Name: Melody Snider, Ph.D.

Signature _____
Typed Name: _____

IDAHO SECRETARY OF STATE
02/10/2010 05:00
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