



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

(Instructions on back of application)

2015 MAR 19 AM 9:13

SECRETARY OF STATE  
STATE OF IDAHO

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

BRYAN MASON MD PLLC

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

4037 MOUNTAIN VISTA LN FILER ID 83328

(Street Address)

(Mailing Address, if different than street address)

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

BRYAN C MASON

(Name)

4037 MOUNTAIN VISTA LN FILER ID 83328

(Street Address)

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

Name

Address

BRYAN C MASON

4037 MOUNTAIN VISTA LN FILER ID 83328

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

1020 MAIN ST BUHL ID 83316

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

Typed Name: BRYAN C MASON

Signature

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

Secretary of State use only

IDAHO SECRETARY OF STATE

03/19/2015 05:00

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