





STATE OF IDAHO
Office of the secretary of state, Lawerence Denney
CERTIFICATE OF ORGANIZATION LIMITED LIABILITY
COMPANY

Ideho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 File #: 0004474504

Date Filed: 11/1/2021 2:56:10 PM

Contiticate of Organization Limited Liability Company Select one: Standard, Expedited or Serne Day descriptions below)	Service (see Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Pocatello Physicians Clinic, LLC
2. The complete street address of the principal office is:	
Principal Office Address	98 POPLAR STREET
	BLACKFOOT, ID 83221
3. The meiling address of the principal office is:	** *** · * ***
Mailing Address	98 POPLAR ST BLACKFOOT, ID 83221-1758
	SLAGR-00 I, ID 00221-1700
4. Registered Agent Name and Address	Political Accord
Registered Agent	Registered Agent Jake Erickson
	Physical Address:
	98 POLPAR STREET
	BLACKFOOT, ID 83221
	Mailing Address:
	98 POPLAR ST BLACKFOOT, ID 83221-1768
	BLNCAPOU1, ID 63221-1700
I affirm that the registered agent appointed	has consented to serve as registered agent for this entity.
5. Governors	
Neme	Address
Jake Erickson	98 POPLAR STREET
	BLACKFOOT, ID 83221
Signature of Organizer:	
Colore Creat	11-9-201
Sign Herre	Date
Print/sulali Enclosures	
I understand the document can ONLY be filed if the following items are included:	
Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of	
State, signed and recently dated.	
The transfer of the state of th	
This filing form (submit within 30 days) with the required signature(s).	
If you are exhaulting a correction return the correction latter with your undated document	

