

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE **PROFESSIONAL** LIMITED LIABILITY COMPANY

2013 NOV 27 AM 10: 25

SECRETARY OF STATE STATE OF IDAHO

1	(Instructions on I	back of application)
٠.	The name of the professional li	imited liability company is:
	Dalico Or	thopaedics & Sports Medicine, PLLC
2.	The complete street and mailing addresses of the initial designated office:	
	1368 North 1100 East, Shelley, Idaho, 83274	
	(Street Address)	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Ryan B. Meikle	1000 Riverwalk Drive, Suite 200, Idaho Falls, ID 83402
	(Name)	(Street Address)
4.	The name and address of at lea	ast one member or manager of the professional limited
	liability company:	
	Name	<u>Address</u>
	Jason Glenn Dailing	1368 North 1100 East, Shelley, Idaho, 83274
5.	Mailing address for future correspondence (annual report notices): 1368 North 1100 East, Shelley, Idaho, 83274	
6.	Future effective date of filing (o	ptional):
6. 7.	The limited liability company is	ptional):
7. Sig	The limited liability company is professions for which members a professional services is: Medicinature of a manager, member	a professional company, and the principal profession or are duly licensed or otherwise legally authorized to render ine
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7. Sigi Sigi	The limited liability company is professions for which members a professional services is: Medicinature of a manager, members on.	a professional company, and the principal profession or are duly licensed or otherwise legally authorized to render ine
7. Signers	The limited liability company is professions for which members a professional services is: Medicinature of a manager, members on. The limited liability company is professions for which members are manager, members on.	a professional company, and the principal profession or are duly licensed or otherwise legally authorized to render ine or authorized Secretary of State use only

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