



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

08 DEC 19 AM 11:51

(Instructions on back of application)

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

 SECRETARY OF STATE
STATE OF IDAHO

Steven A. Larsen, M.D., PLLC

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

444 Hospital Way, Suite 701, Pocatello, Idaho 83201

(Street Address)

(Mailing Address, if different than street address)

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

Dave R. Gallafent

109 N. Arthur, Pocatello, Idaho 83204

(Name)

(Street Address)

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

Name
Address

Steven A. Larsen

13914 Coyote Gulch, Pocatello, Idaho 83202

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

444 Hospital Way, Suite 701, Pocatello, Idaho 83201

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 an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature

Typed Name:

Justin R. Ellis, Organizer

Signature

Typed Name:

Secretary of State use only

W80060

 IDAHO SECRETARY OF STATE
12/19/2008 05:00
CK: 3496 CT: 169988 DH: 1149810
1 @ 100.00 = 100.00 PROF LLC # 2

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Revised 07/2008