



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

**FILED EFFECTIVE**

11 MAY -2 AM 9:27

(Instructions on back of application)

 SECRETARY OF STATE  
STATE OF IDAHO

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

Woodlands Family Medicine PLLC

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

30544 Highway 200, Suite 101 Ponderay, ID 83852

(Street Address)

(Mailing Address, if different than street address)

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

Joan M. Bloom

(Name)

30544 Highway 200, Suite 101 Ponderay, ID 83852

(Street Address)

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

**Name**
**Address**
Joan M. Bloom
30544 Highway 200, Suite 101 Ponderay, ID 83852

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

30544 Highway 200 West, Suite 101 Ponderay, ID 83852

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

Joan M. Bloom

 Typed Name Joan M. Bloom

Signature \_\_\_\_\_

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

Secretary of State use only

 IDAHO SECRETARY OF STATE  
05/02/2011 05:00  
CK: 516 CT: 258355 DH: 1271799  
1 @ 100.00 = 100.00 PROF LLC # 2

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