



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2017 AUG -8 AM 8: 33

SECRETARY OF STATE
STATE OF IDAHO

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

Idaho NeuroSpine Institute of NeuroScience Associates, PLLC

2. The complete street and mailing addresses of the principal office is:

6140 W. Curtisian Ave, Suite 400, Boise ID 83704

(Street Address)

(Mailing Address if different)

3. Name and street address of registered agent in Idaho:

Paul J. Montalbano, MD

6140 W. Curtisian Ave, Suite 400, Boise ID 83704

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Paul J. Montalbano, MD

6140 W. Curtisian Ave, Suite 400, Boise, ID 83704

(Name)

(Address)

(Name)

(Address)

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

6140 W. Curtisian Ave, Suite 400, Boise, ID 83704

(Address)

6. 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

7. Signature of a manager, member, or an organizer.

Printed Name: Lisa M. Jolliff

Signature: Lisa M. Jolliff

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/08/2017 05:00

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