



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

10 JUL 14 PM 2:17

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

David Giles, M.D., PLLC

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

3066 S. Whitepost Way, Eagle, ID 83616

(Street Address)

same

(Mailing Address, if different than street address)

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

David Giles, M.D.

(Name)

3066 S. Whitepost Way, Eagle, ID 83616

(Street Address)

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

Name

Address

David Giles, M.D.

3066 S. Whitepost Way, Eagle, ID 83616

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

3066 S. Whitepost Way, Eagle, ID 83616

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: Medical

Signature of a manager, member or authorized person.

Signature

Typed Name: Michael O. Roe

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/14/2010 05:00
CK: NONE CT: 1117 BH: 1230660
1 @ 100.00 = 100.00 PROF LLC #
1 @ 20.00 = 20.00 EXPEDITE C #

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