



**ARTICLES OF ORGANIZATION
PROFESSIONAL LIMITED
LIABILITY COMPANY**

(Instructions on back of application)

**FILED EFFECTIVE
MAY 20 2015**

100-34011-57

1. The name of the professional limited liability company is: Consultants in Epilepsy and Neurology, PLLC

2. The professional LLC is organized for the practice in the profession of: Medicine

3. The address of the initial registered office is: 601 West Bannock Street
and the name of the initial registered agent is: Patrick J. Miller

4. Management of the professional limited liability company will be vested in:
 Manager(s) Member(s)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member.

Name _____

Address

Robert T. Wechsler, M.D., Ph.D.

100 N. 9th St., Suite 200

Boise, Idaho 83702

6. Signature(s) of at least one person responsible for forming the limited liability company:

Signature One C. K. Vel

Typed Name Anne C. Kunkel

Signature

Typed Name _____

Capacity _____

Capacity _____

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Revised 09/2002

IDaho SECRETARY OF STATE
01/13/2005 05:00
CK: 13915 CT: 1626 BH: 787141
1 @ 100.00 = 100.00 PROF LLC # 2

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