



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code
Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

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File #: 0005703314

Date Filed: 4/12/2024 12:54:00 PM

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

The Urology Clinic PLLC

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

4186 W. Pine Meadows Dr

(Street Address)

Eagle, ID 83616

(Mailing Address, if different)

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

Michael Taylor

(Name)

4186 W. Pine Meadows Dr, Eagle ID 83616

(Address)

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

Michael Taylor

(Name)

4186 W. Pine Meadows Dr. Eagle, ID 83616

(Address)

Robert Jackson

(Name)

1123 N Lionshare Pl. Eagle, ID 83616

(Address)

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

4186 W. Pine Meadows Dr. Eagle, ID 83616

(Mailing 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:

Medical care, specifically, urology

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

Printed Name: Michael Taylor

Signature: _____

Printed Name: Robert Jackson

Signature: _____

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