Signature____

Typed Name: _____

FILED EFFECTIVE

252



CERTIFICATE OF ORGANIZATION 2014 HAY 30 PM 3: 01 PROFESSIONAL

SECRETARY OF STAFE

P. S. S. S.	LIMITED LIABIL	LITY COMPANY	STATE OF IDAHO
	(Instructions on ba	ack of application)	
1. The n	name of the professional lim	nited liability company is:	
	G	regory M Ford MD PLLC	
2. The c	omplete street and mailing	addresses of the initial desig	nated office:
333 N	North 18TH Avenue, STE D1, Poo	_	
(Stree Sam e	et Address)		
(Mali	ing Address, if different than street address	36)	
3. The n	The name and complete street address of the registered agent:		
	Gregory M. Ford 333 North 18TH Avenue, STE D1, Pocatello, ID 83201		
(Nam	(e)	(Street Address)	
4. The national liability	y company:	t one memb e r or manager o	f the professional limited
Greco	Name Fy M. Ford	Add	
<u> </u>	Ty MI, FOIG	333 North 18TH Avenue, STE	D1, Pocatello, ID 83201
	<u> </u>		
5. Mailing	address for future correspond	ondence (annual report notic	æs):
333 No	orth 18TH Avenue, STE D1, Pocs	itelio, ID 83201	
6. Future	effective date of filing (option	onal):	
		professional company, and the	
profes	sions for which members are	duly licensed or otherwise leg	e principal profession or
profess	Bional services is: Medicine		
Signatura	of a manager, member o		
person.	or a manager, member of	r autnorized	
	11.11	Se	cretary of State use only
Signature_	Now ford		IDAHO SECRETARY OF STATE
Typed Nam	e: Gregory M. Ford		05/30/2014 05:00

CK:1934874 CT:172099 BH:1427028 16 100.00 = 100.00 PROF LLC #2 16 20.00 = 20.00 EXPEDITE C #3