



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2014 JUN 26 AM 8:51

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Magic Valley Medicine, PLLC

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

844 Washington Street N Ste 400

(Street Address)

Twin Falls, ID 83301

(Mailing Address, if different than street address)

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

Jessica Barker

(Name)

844 Washington Street N Ste 400 Twin Falls, ID 83301

(Street Address)

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

Name

Address

Samuel H Barker

844 Washington Street N Ste 400 Twin Falls, ID 83301

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

844 Washington Street N Ste 400 Twin Falls, ID 83301

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: Nurse Practitioner

Signature of a manager, member or authorized person.

Signature

[Handwritten Signature]

Typed Name: Samuel H Barker, DC, PC

Signature _____

Typed Name: _____

Secretary of State use only
IDAHO SECRETARY OF STATE

06/26/2014 05:00

CK:2864 CT:241518 BH:1430865
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