

## CERTIFICATE OF ORGANIZATION **PROFESSIONAL**

2011 MAR -3 PM # 36

LIMITED LIABILITY	
(Instructions on back of a	oplication) STAFE OF YOU
1. The name of the professional limited liab	pility company is:
Rosenberg Emergency Physician Service:	s, PLLC
2. The complete street and mailing address	ses of the initial designated/principal office:
635 Big Ridge Meadows Dr., Afton, Wyon	ning 83110
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street address of	of the registered agent:
Business Filings Incorporated 11	11 West Jefferson, Suite 530, Boise, Idaho 83702
	treet Address)
liability company:  Name  Jeffrey Valden Rosenberg 63:	Address 5 Big Ridge Meadows Dr., Afton, Wyoming 83110
5. Mailing address for future correspondent 635 Big Ridge Meadows Dr., Afton, Wyon	·
6. Future effective date of filing (optional):	
7. The limited liability company is a profess professions for which members are duly liprofessional services is: Medicine	sional company, and the principal profession or censed or otherwise legally authorized to render
Signature of a manager, member or auth	norized
person.	Secretary of State use only
Signature Telly V. Rosling D	D-
Typed Name: Jeffrey Valden Rosenberg, Men	nber
Signature	
Typed Name:	IDAHO SECRETARY OF STATE 03/03/2011 05:00