



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2012 NOV -8 PM 12: 31

1. The name of the professional limited liability company is: SECRETARY OF STATE
STATE OF IDAHO
Spaesthetics, PLLC

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

7950 Horseshoe Bend Rd, Boise, ID 83714

(Street Address)

(Mailing Address, if different than street address)

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

Jenifer L. Barry, MD

(Name)

403 W Arizona Ln, Boise, ID 83706

(Street Address)

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

Name
Address
Jenifer L. Barry, MD
403 W Arizona Ln, Boise, ID 83706

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

7950 Horseshoe Bend Rd, Boise, ID 83714

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: physician/Medicine

Signature of a manager, member or authorized person.

Signature _____

 Typed Name: Jenifer Barry

Signature _____

Typed Name: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
 11/08/2012 05:00
 CK: 1191127 CT: 172099 BH: 1346973
 1 @ 100.00 = 100.00 PROF LLC # 2

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