

Printed Name: _

Signature: _

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2015 NOV 17 PM 1: 57

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in <u>duplicate</u>.

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the professional limited liability company is: Hospital Way Emergency Physicians, PLLC The complete street and mailing addresses of the principal office is: 6200 S. Syracuse Way, Suite 200, Greenwood Village, Colorado 80111 (Street Address)		
2.			
	(Mailing Address. if different)		
3.	Name and street address of registered agent <u>in Idaho</u> :		
	Corporation Service Company	12550 W. Explorer Drive, Suite 100, Boise, ID 83713	
	(Name)	(Address)	
4.	he name and address of at least one governor of the limited liability company:		
	Mark Jeffrey Slepin, M.D.	6200 S. Syracuse Way, Suite 200, Greenwood Village, Colorado 80111	
	(Name) (Address)		
	(Name)	(Address)	
	(Manie)	(Address)	
	(Name)	(Address)	
5.	Mailing address for future correspondence (annual report notices):		
	c/o Corporation Service Company, 12550 W. Explorer Drive, Suite 100, Boise, ID 83713		
	(Address)		
6.	The limited liability company is a professional company, and the principal profession or professions for which members are fully licensed or otherwise legally authorized to render professional services is:		
	Medicine		
		-	Secretary of State use only
7.	Signature of a manager, member, or an organizer.		GENERALLY OF GRAVE CORY
D=1-	nted Name: Mark Jeffrey Slepin, M.D., I	- <u>'</u>	IDANO SECRETARY OF STATE
Filmed (varie)			11/17/2015 05:00

Rev. 08/2015

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