



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

2016 NOV 14 AM 10:26

SECRETARY OF STATE  
STATE OF IDAHO

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

**BCS Health Care LLC**

2. The complete street and mailing addresses of the principal office is:

**300 N 100 W Malad City, ID 83252**

(Street Address)

(Mailing Address, if different)

3. Name and street address of registered agent in Idaho:

**Brent Schow**

**300 N 100 W Malad City, Idaho 83252**

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

**Brent Schow**

**300 N 100 W Malad City, ID 83252**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

**Brent Schow 300 N 100 W Malad City, ID 83252**

(Address)

6. 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:

**Medicine**



7. Signature of a manager, member, or an organizer.

Printed Name: **Brent Schow**

Signature: *Brent Schow*

Printed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**11/14/2016 05:00**

CK:2006 CT:242958 BH:1555164

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