



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2013 JUL 30 PM 1:55

 SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

SANS SOUCI MEDICAL, PLLC

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

85 West 130 North, Blackfoot, Idaho 83221

(Street Address)

(Mailing Address, if different than street address)

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

GARY SOUCIE

(Name)

85 West 130 North, Blackfoot, Idaho 83221

(Street Address)

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

Name

Address

GARY SOUCIE, MD

85 West 130 North, Blackfoot, Idaho 83221

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

85 West 130 North, Blackfoot, Idaho 83221

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: MEDICINE

Signature of a manager, member or authorized person.

Signature *Conrad J. Aiken*

Typed Name: CONRAD J. AIKEN, authorized person

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/30/2013 05:00
CK: 4782 CT: 169908 BH: 1304100
1 @ 100.00 = 100.00 PROF LLC # 2

W127704