252

FILED EFFECTIVE

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

11 JUN 17 AM 11:26

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

   UROLOGY CENTER OF IDAHO, PLLC

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

   500 S. 11th AVE., SUITE 301, POCATELLO, ID 83201
   (Street Address)

   (Mailing Address, if different than street address)

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

   ERIC L. OLSEN (Name) — 201 E. CENTER ST., POCATELLO, ID 83201 (Street Address)

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

Name	Address
BJORN SAUERWEIN, MD	500 S. 11th AVE., SUITE 301, POCATELLO, ID 83201

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

   P.O. BOX 1391, POCATELLO, ID 83204

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

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/17/2011 05:00
CK: 4266 CT: 169988 BH: 1278879
1 @ 100.00 = 100.00 PROF LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

cert_org_pllc.pmd Rev. 07/2010

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