



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2013 MAY 10 PM 3:59

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Matthew J. May, M.D., PLLC

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

222 N 2nd Street, Suite 103, Boise, ID 83702

(Street Address)

(Mailing Address, if different than street address)

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

Matthew J. May, M.D.

(Name)

222 N 2nd Street, Suite 103, Boise, ID 83702

(Street Address)

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

Name

Address

Matthew J. May, M.D.

222 N 2nd Street, Suite 103, Boise, ID 83702

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

222 N 2nd Street, Suite 103, Boise, ID 83702

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.

Secretary of State use only

Signature Matthew J. May, M.D.

Typed Name: Matthew J. May, M.D.

Signature _____

Typed Name: _____

W125196