

1. The

MAY 10 PH 3: 59

RETARY OF STATE STATE OF IDAHO

CERTIFICATE OF ORGANIZATION	
PROFESSIONAL	วกเก
LIMITED LIABILITY COMPANY	2013
(Instructions on back of application)	SEC
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 83	3702		
	(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.	222 N 2nd Street, Suite 103, Boise, ID 83702		
	(Name)	(Street Address)		
		the section of the section of limited		
4.	The name and address of at least one member or manager of the professional limited			
	liability company:	Address .		
	<u>Name</u> Matthew J. May, M.D.	222 N 2nd Street, Suite 103, Boise, ID 83702		
	Midulew J. May, M.D.	222 11 2210 00000, 00110 100, 20100) 115 00.02		
5.	Mailing address for future correspon	ndence (annual report notices):		
J.	•			
	222 N 2nd Street, Suite 103, Boise, ID 83	3702		
6	Extra effective data of filing (aption	nal):		
ъ.	Future enecave date or ming (option	Idi).		
7.	The limited liability company is a pr	rofessional company, and the principal profession or		
	professions for which members are duly licensed or otherwise legally authorized to render			
	professional services is: Medicine			
_	nature of a manager, member or	authorized		
•	son.	Secretary of State use only		
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21g	nature			
Ту	bed Name: Matthew J. May, M.D.			
Sig	nature			
Ту	oed Name:	TRAIL OF OFFICE AT STATE		
		IDAHO SECRETARY OF STATE 05/10/2013 05:00		
		CK: 1787 CT: 283842 BH: 1373423		

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