



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 AUG 21 AM 9:08

FILED EFFECTIVE

1. The name of the limited liability company is:

Scholes & Scholes Dermatology, LLC

SECRETARY OF STATE
STATE OF IDAHO

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

526 A Shoup Ave. West, Twin Falls, Idaho 83301

(Street Address)

(Mailing Address, if different than street address)

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

Chris Scholes

(Name)

526 A Shoup Ave. West, Twin Falls, ID 83301

(Street Address)

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

Name

Address

Chris Scholes

526 A Shoup Ave. West, Twin Falls, ID 83301

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

526 A Shoup Ave. West, Twin Falls, ID 83301

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Chris Scholes

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
08/21/2013 05:00
CK: 8186 CT: 206593 BH: 1386983
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