

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 APR 20 AM 10: 56

SECREMARY OF STATE STATE OF IDAHO

1.	The name of the limited liability compan	ıy İs:	STAIL OF IDAMU	
	EFT Gene	eral Practice, LLC		
2.	The complete street and mailing addresses of the initial designated/principal office:			
	316 S. Ross Point-Rd Post Falls, Idaho 83854			
	(Street Address)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Leonard L. Parsons		nt Rd Post Falls, Idaho 83854	
	(Name) (St	reet Address)		
4.	The name and address of at least one member or manager of the limited liability company:			
	Name			
	Leonard L. Parsons	316 S. Ross Point Rd Post Falls, Idaho 83854		
			•	
5.	Mailing address for future corresponder	nce (annual repo	rt notices):	
IJ.	Mailing address for future correspondence (annual report notices): 316 S. Ross Point Rd Post Falls, Idaho 83854			
A	Future effective date of filing (optional):			
v.	Talala allanta anti-			
Sia	mature of organizer(s). (An organizer is a me	mber, or is	•	
	ng in behalf of a member or members)	<u> </u>	Secretary of State use only	
	mature alloward targens	9	200,000,7 2. 2220 2220 227	
		T.org. Da Plato	•	
Ту	ped Name: Leonard L. Parsons	(<u>3</u>		
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_	nature		CK: 226668 CT: 172999 BH: 1166632	
Ту	ped Name:		1 8 188.80 = 100.00 ORSAN LLC 8 2 1 8 28.80 = 20.08 EXPEDITE C 8 3	