



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2016 DEC 16 AM 8:56

**SECRETARY OF STATE
STATE OF IDAHO**

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

SOUTHERN IDAHO RADIOLOGY, PLLC

2. The complete street and mailing addresses of the principal office is:

834 FALLS AVENUE, SUITE 1020-D

(Street Address)

TWIN FALLS, IDAHO 83301

(Mailing Address, if different)

3. Name and street address of registered agent in Idaho:

CAMERON EVANS, M.D.

(Name)

834 FALLS AVENUE, SUITE 1020-D, TWIN FALLS, ID 83301

(Address)

4. The name and address of at least one governor of the limited liability company:

CAMERON EVANS, M.D.

(Name)

834 FALLS AVENUE, SUITE 1020-D, TWIN FALLS, ID 83301

(Address)

(Name)

(Address)

(Name)

(Address)

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

834 FALLS AVENUE, SUITE 1020-D, TWIN FALLS, IDAHO 83301

(Address)

6. 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

7. Signature of a manager, member, or an organizer.

Printed Name: CAMERON EVANS, M.D.

Signature: *Cameron Evans MD*

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/16/2016 05:00

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