



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00

Complete and submit the application in duplicate.

FILED EFFECTIVE

2015 AUG 31 AM 9:52

SECRETARY OF STATE
STATE OF IDAHO

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

DONALD M. CANNON, M.D., PLLC

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

725 POLE LINE RD. W.

TWIN FALLS ID 83301

(Street Address)

(City)

(State)

(Zipcode)

(Mailing Address, if different)

(City)

(State)

(Zipcode)

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

DONALD M. CANNON 725 POLE LINE RD. W. TWIN FALLS ID 83301

(Name)

(Address)

(City)

(State)

(Zipcode)

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

DONALD M. CANNON 725 POLE LINE RD. W. TWIN FALLS ID 83301

(Name)

(Address)

(City)

(State)

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

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

725 POLE LINE RD. W.

TWIN FALLS ID 83301

(Address)

(City)

(State)

(Zipcode)

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: **DONALD M. CANNON**

Signature: *Donald M. Cannon*

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/31/2015 05:00

CK:17536 CT:21151 BH:1490367

1@ 100.00 = 100.00 PROF LLC #2

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