



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2012 OCT 17 AM 9:58

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

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

Kristen Schmitz-Fiorentino, M.D., PLLC

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

3171 Bown Way

(Street Address)

Boise, Idaho 83706

(Mailing Address, if different than street address)

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

Kristen Schmitz-Fiorentino, M.D.

(Name)

3171 Bown Way, Boise Idaho 83706

(Street Address)

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

Name

Address

Kristen Schmitz-Fiorentino, M.D.

3171 Bown Way, Boise, Idaho 83706

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

3171 Bown Way, Boise, Idaho 83706

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

7. 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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Kristen Schmitz-Fiorentino, M.D.

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/17/2012 05:00
CK: 3378 CT: 275343 BH: 1343999
1 @ 100.00 = 100.00 PROF LLC # 2

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