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FILED EFFECTIVE

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2009 JAN 12 PM 2:44
SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Pain Relief Institute, PLLC

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

1188 Call Creek Drive

(Street Address)

Pocatello, Idaho 83201

(Mailing Address, if different than street address)

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

Jason West

(Name)

2950 Trevor Street Pocatello, Idaho 83201

(Street Address)

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

Name

Address

Jason D. West

2950 Trevor Street Pocatello, Idaho 83201

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

1188 Call Creek Drive, Pocatello Idaho 83201

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: Medical / Health Care

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature

Typed Name:

Jason D. West

Signature

Typed Name:

Secretary of State use only

Professional LLC formation form Jc-PMD
Revised 07/2008

IDAHO SECRETARY OF STATE
01/12/2009 05:00
CK: 1324 CT: 228869 BH: 1151958
1 @ 100.00 = 100.00 PROF LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W80503