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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

2017 JUN 5 AM 11:23

SECRETARY OF STATE
STATE OF IDAHO

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

PAUL W. DUNLAVY, D.O., PLLC

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

775 POLELINE ROAD W., SUITE 212

(Street Address)

TWIN FALLS, IDAHO 83301

(Mailing Address, if different)

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

BENJAMIN J. CLUFF

(Name)

156 2ND AVE. W., TWIN FALLS, IDAHO 83301

(Address)

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

PAUL W. DUNLAVY

(Name)

5117 NE LODGESTONE CT., ANKENY, IOWA 50021

(Address)

(Name)

(Address)

(Name)

(Address)

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

775 POLELINE ROAD W., SUITE 212, 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: PAUL W. DUNLAVY

Signature: Paul W. Dunlavy

Printed Name: _____

Signature: _____

Rev. 06/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

06/06/2017 05:00

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