

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

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FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in <u>duplicate</u>.

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the professional limited liability company is: Idaho Neurological Institute PLLC	
(Street Address)		
(Mailing Address, if different)		
3.	Name and street address of registered agent in Idaho:	
	Michael Hajjar, MD	6140 W Curtisian Ave, Suite 400, Boise ID 83704
	(Name)	(Address)
4.	The name and address of at least one governor of the limited liability company:	
	Michael Hajjar, MD	6140 W Curtisian Ave, Suite 400, Boise ID 83704
	(Name)	(Address)
	(Name)	(Address)
	(Name)	(Address)
5.	Mailing address for future correspondence (annual report notices):	
	6140 W Curtisian Ave, Suite 400, Boise, ID 83704	
	(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: Lisa M Jolliff

Signature;

Signature: .

Printed Name:,

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Rev. 08/2015

Secretary of State use only

10AHO SECRETARY OF STATE 08/24/2017 05:00

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