





STATE OF IDAHO Office of the secretary of state, Phil McGrane CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

File #: 0005172847

Date Filed: 3/31/2023 1:03:49 PM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below) | | Standard (filing fee \$100) | |
|--|--|--|-----------------|
| Limited Liability Company Name Type of Limited Liability Company | | Professional Limited Liability | Company |
| Entity name | | Clark Family Medicine PLLC | |
| Profession The business is organized to practice the | profession of: | Medicine | |
| The complete street address of the principal office is: Principal Office Address | | 2445 GREENFIELD POCATELLO, ID 83201 | |
| The mailing address of the principal office is: Mailing Address | | 2445 GREENFIELD DR POCATELLO, ID 83201-7600 | 0 |
| 4. Registered Agent Name and Address Registered Agent | | Registered Agent Sharla Clark Physical Address: 2445 GREENFIELD POCATELLO, ID 83201 Mailing Address: 2445 GREENFIELD DR POCATELLO, ID 83201-7600 | 0 |
| ☑ I affirm that the registered agent appo | inted has consented | I to serve as registered agent fo | or this entity. |
| 5. Governors | | A 14 | |
| Sharla Clark | Address 2445 GREENFIELD POCATELLO, ID 83201 | | |
| Signature of Organizer: | | | |
| Sharla Clark | | | 03/31/2023 |
| Sign Here | | | Date |