

Typed Name: つらいいら し.

Signature\_ Typed Name:

## CERTIFICATE OF ORGANIZATION **PROFESSIONAL** LIMITED LIABILITY COMPANY

## FILED EFFECTIV

10 APR -2 AM 8:43

SECRETARY OF STATE

name of the professional limited liabilit  Dennis J Pa  complete street and mailing addresses  445 S Fitness Place S	ge P.L.L.C.
complete street and mailing addresses	
complete street and mailing addresses 445 S Fitness Place S	of the initial designated/principal office:
445 S Fitness Place S	Of the litting goodings by the base
	uite B Eagle ID 83616
reet Address) 12430 Landau Wa	y Nampa ID 83686
alling Address, if different than street address)	
name and complete street address of	the registered agent:
Dennis J Page	12430 Landau Way Nampa ID 83686
<u> </u>	et Address)
name and address of at least one mer	nber or manager of the professional limited
lity company:	
Name	Address /
Carlet Page	12430 Landau Way Nampa ID 83686
lling address for future correspondence	(annual report notices):
12430 Landau Wa	ay Nampa ID 83686
ure effective date of filing (optional):	
and the state of t	and company and the principal profession (
e limited liability company is a profession for which members are duly lice	onal company, and the principal profession on ensed or otherwise legally authorized to rende
fessional services is:	Medical
ure of an organizer(s). (An organizer is a m	nember, Secretary of State use only
ting in behalf of a required, and existing, initial repers).	
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