



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

2018 FEB 28 PM 2:28

SECRETARY OF STATE
STATE OF IDAHO

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

Family Medicine HUB, PLLC

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

2265 E. Sunnyside Road, Idaho Falls, ID 83404

(Street Address)

(Mailing Address, if different)

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

Derek Van Orden

2265 E. Sunnyside Rd, Idaho Falls, ID 83404

(Name)

(Address)

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

Derek Van Orden

2265 E. Sunnyside Rd, Idaho Falls, ID 83404

(Name)

(Address)

Vickie Blair

180 Fieldstream Lane, Idaho Falls, ID 83404

(Name)

(Address)

(Name)

(Address)

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

2265 E Sunnyside Road, Idaho Falls, ID 83404

(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: **Derek Van Orden**

Signature: *Derek Van Orden*

Printed Name: **Vickie Blair**

Signature: *Vickie Blair*

Rev. 11/2017

Secretary of State use only

IDAHO SECRETARY OF STATE

02/27/2018 05:00

CK:1172 CT:353534 BH:1629147
1@ 100.00 = 100.00 PROF LLC #2

W 196829

IDAHO SECRETARY OF STATE

02/28/2018 05:00

CK:16928174 CT:172099 BH:1629597
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