



**CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY**

10 AUG 24 AM 11:01

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Willis E. Parmley, M.D., PLLC

2. The complete street and mailing addresses of the initial designated/principal office:

9242 North Sunset Drive, Pocatello, Idaho 83201

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Eric L. Olsen

(Name)

201 East Center, Pocatello, Idaho 83204

(Street Address)

4. The name and address of at least one member or manager of the professional limited liability company:

Name**Address**

Willis E. Parmley

9242 North Sunset Drive, Pocatello, Idaho 83201

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

9242 North Sunset Drive, Pocatello, Idaho 83201

6. Future effective date of filing (optional): _____

7. 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

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature Conrad J. AikenTyped Name: Conrad J. Aiken

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008IDAHO SECRETARY OF STATE
08/24/2010 05:00
CK: 4048 CT: 169988 BH: 1236832
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