

PROFESSIONAL LIMINIED 12 AM 10: 50 LIABILITY COMPANY (Instructions on back of application) STATE OF IDAHO

1.	The name of the professional limited liability company is: Stephen A. Wasileweld, P.L.L
2.	The professional limited liability company is organized for the practice of the profession(s) of:medicine
3.	The address of the initial registered office is 191 Fifth St. W., 2nd Floor, Ketchum, ID 83340 Initial registered agent at that address is Stephen A. Wasilewski Signature of registered agent:
4.	Is management of the limited liability company vested in a manager or managers? ☐ Yes
5.	If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one member. Name: Stephen A. Wasilewski P. O. Box 2064, Ketchum, ID 83340
6.	Signature(s) of at least one person listed in #5 above:
	Stephen A. Wasilewski Secretary of State use only
	IDANO SECRETARY OF STATE
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