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-FILED-

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Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service descriptions below)	(see Standard (filing fee \$100)
Limited Liability Company Name Type of Limited Liability Company Entity name	Professional Limited Liability Company Ostler Emergency Medicine, PLLC
·	Ostier Emergency 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	386 E 475 N FIRTH, ID 83236
The mailing address of the principal office is: Mailing Address	386 E 475 N FIRTH, ID 83236-1216
Registered Agent Name and Address	
Registered Agent	Registered Agent Shawn Bodell Ostler Physical Address: 386 E 475 N FIRTH, ID 83236-1216 Mailing Address: 386 E 475 N FIRTH, ID 83236-1216
☑ I affirm that the registered agent appointed has con-	sented to serve as registered agent for this entity.
5. Governors	
Name	Address
Shawn Bodell Ostler	386 E 475 N FIRTH, ID 83236-1216
Signature of Organizer:	
Shawn Bodell Ostler	03/11/2025
Sign Here	Date