



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 MAR 12 PM 1:39

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

MAIN FAMILY MEDICAL LLC

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

4306 Catalpa Drive BOISE, ID 83703

(Street Address)

(Mailing Address, if different than street address)

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

DAVID GEE  
(Name)

4306 Catalpa Drive BOISE ID  
(Street Address)

83703

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

Name

Address

DAVID GEE

(same)

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

4306 Catalpa Drive BOISE, ID 83703

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name:

DAVID GEE

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

03/12/2015 05:00

CK:9113 CT:195473 BH:1465802

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