



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 MAY 19 AM 9:17

1. The name of the limited liability company is:

PROFESSIONAL MEDICAL BILLING, LLC

SECRETARY OF STATE  
STATE OF IDAHO

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

680 BRADEN COURT, TWIN FALLS, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

JILLIAN KRAMER

(Name)

680 BRADEN COURT, TWIN FALLS, ID 83301

(Street Address)

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

Name

Address

JILLIAN KRAMER

680 BRADEN COURT, TWIN FALLS, ID 83301

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

680 BRADEN COURT, TWIN FALLS, ID 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Jillian Kramer  
Typed Name: JILLIAN KRAMER

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only  
IDAHO SECRETARY OF STATE

05/19/2014 05:00

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