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FILED EFFECTIVE

**CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY**

2016 MAR -1 PM 4:11

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

- The name of the professional limited liability company is:
Dynamic Case Management Solutions, PLLC
- The complete street and mailing addresses of the initial designated/principal office:
5353 Wild Dunes Cv., Idaho Falls, ID 83404
(Street Address)
(Mailing Address, if different than street address)
- The name and complete street address of the registered agent:
United States Corporation Agents, Inc. 950 Bannock Street, Suite 1100, Boise, ID 83706
(Name) (Street Address)
- The name and address of at least one member or manager of the professional limited liability company:

<u>Name</u>	<u>Address</u>
<u>Angela M. Pannebaker</u>	<u>5353 Wild Dunes Cv., Idaho Falls, ID 83404</u>
<u>Ryan N. Pannebaker</u>	<u>5353 Wild Dunes Cv., Idaho Falls, ID 83404</u>
_____	_____
_____	_____
- Mailing address for future correspondence (annual report notices):
c/o: 5353 Wild Dunes Cv., Idaho Falls, ID 83404
- Future effective date of filing (optional): _____
- 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: Nursing

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Cheyenne Moseley, Legalzoom.com, Inc.

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
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