CERTIFICATE OF ORGANIZATION FILED EFFECTIVE PROFESSIONAL
LIMITED LIABILITY COMPANY SECRETARY OF STATE (Instructions on back of application)
(Instructions on back of application)
1. The name of the professional limited liability company is:
Urgent Care of Juin Falls, PLLC
2. The complete street and mailing addresses of the initial designated office:
2392 Addison avenue East, Twin Falls, Id. 8330
<u>47 West 400 South</u> , Burley, Id 83318 (Mailing Address, if different than street address)
3. The name and complete street address of the registered agent:
Dennis L. James 47 Week 400 South
(Name) <u>Unis L. James</u> <u>47 West 400 South</u> (Street Address) Burkey, Id 83318
4. The name and address of at least one member or manager of the professional limited
liability company:
Dennis L. James 47 West 400 South Burley, Id
Lennis E. Manues TI West The Course out ing , cu
5. Mailing address for future correspondence (annual report notices):
2392 addison avenue East, Twin Falls, Id 85201
6. 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:
Signature of a manager, member or authorized
person. Secretary of State use only
Signature Muin Aun IDAHO SECRETARY OF STATE
Typed Name: Dennis L. James 11/05/2014 05:00 CK: 9018 CT: 266057 BH: 1448213
Signature 1@ 100.00 = 100.00 PROF LLC #2
Typed Name:
cert_org_plic.pmd Rev. 07/2010