



# CERTIFICATE OF ORGANIZATION FILED EFFECTIVE PROFESSIONAL LIMITED LIABILITY COMPANY

2013 AUG 15 AM 9:12

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

1. The name of the professional limited liability company is:

Jordon S. Marshall, DO, PLLC

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

8683 N. Parks Rd.

(Street Address)

Pocatello, ID 83201

(Mailing Address, if different than street address)

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

Jordon Marshall, DO

(Name)

8683 N. Parks Rd., Pocatello, ID 83201

(Street Address)

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

**Name**

**Address**

Jordon Marshall, DO

8683 N. Parks Rd., Pocatello, ID 83201

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

8683 N. Parks Rd., Pocatello, ID, 83201

6. Future effective date of filing (optional): \_\_\_\_\_

7. 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: Emergency Medicine

Signature of a manager, member or authorized person.

Signature

Typed Name: Jordon Marshall, DO

Signature \_\_\_\_\_

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

Secretary of State use only

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08/15/2013 05:00  
CK: 1036 CT: 206444 BH: 1306221  
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