



CERTIFICATE OF ORGANIZATION **PROFESSIONAL** **LIMITED LIABILITY COMPANY**

FILED EFFECTIVE
09 JUL 27 AM 10:00

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

S. L. Poppleton Enterprises, PLLC

2. The complete street address, and mailing address if different, of the initial designated/ principal office:

5202 N. Edenburgh Way, Boise, ID 83714

3. The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:

National Registered Agents, Inc. 1423 Tyrell Lane Boise, ID 83706 County of Ada

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

Name

Address

Sara L. Poppleton

5202 N. Edenburgh Way, Boise, ID 83714

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

5202 N. Edenburgh Way, Boise, ID 83714

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: _____ Occupational Therapist

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature _____

Typed Name: Karmelia Fredrick, Legalzoom.com, Inc.

Signature _____

Typed Name: _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
07/27/2009 05:00
CK: 360396 CT: 167623 BH: 1100323
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