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# APPLICATION FOR REGISTRATION OF LIMITED LIABILITY PARTNERSHIP

To the Secretary of State of Idaho

PO Box 83720

Boise, ID 83720-0080

JAN 9 10 27 AM '96  
SECRETARY OF STATE  
STATE OF IDAHO



The undersigned partnership hereby applies for registration as a Limited Liability Partnership, and submits the following information pursuant to section 53-343A, I.C.

1. The name of the partnership is JONES CLINIC, LLP
2. It's principal office is located at 425 WEST BANNOCK, BOISE, IDAHO
3. It's registered office in Idaho is located at 425 WEST BANNOCK, BOISE, IDAHO  
\_\_\_\_\_, and the name of the registered agent at that address is ARTHUR C. JONES, III
4. The partnership is organized in the state of IDAHO
5. The nature of it's business is THE PRACTICE OF MEDICINE
6. The name(s) and address(es) of at least one partner:

Name

Address

ARTHUR C. JONES, III

425 WEST BANNOCK, BOISE, IDAHO

7. Other matters (optional):  
\_\_\_\_\_  
\_\_\_\_\_

8. Signature(s) of at least one partner listed in item 6

Secretary of State use only

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ORGAN LLP

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