



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**  
09 FEB -9 AM 8:18

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

J Davis Medical Consultant, LLC

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

2390 Satterfield Drive, Pocatello, Idaho 83201

(Street Address)

(Mailing Address, if different than street address)

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

John (Jack) Davis, D. O.

(Name)

2390 Satterfield Drive, Pocatello, Idaho 83201

(Street Address)

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

**Name**

**Address**

John (Jack) Davis, D. O.

2390 Satterfield Drive, Pocatello, Idaho 83201

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

2390 Satterfield Drive, Pocatello, Idaho 83201

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name: John (Jack) Davis, D. O.

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE  
02/09/2009 05:00  
CK: 23273 CT: 186228 BH: 1155988  
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