



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

**FILED EFFECTIVE**

12 MAY 21 AM 9:35

(Instructions on back of application)

 SECRETARY OF STATE  
STATE OF IDAHO

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

Complete Home Health Coding, PLLC

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

1708 Pocatello Creek Road Pocatello, Idaho 83201  
 (Street Address)

(Mailing Address, if different than street address)

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

Julie R. Christensen RN 1708 Pocatello Creek Road Pocatello, Idaho 83201  
 (Name) (Street Address)

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

Name	Address
<u>Julie R. Christensen RN</u>	<u>1708 Pocatello Creek Road Pocatello, Idaho 83201</u>
_____	_____
_____	_____
_____	_____

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

1708 Pocatello Creek Road Pocatello, Idaho 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: Nursing

Signature of a manager, member or authorized person.

 Signature Julie R. Christensen RN

 Typed Name: Julie R. Christensen RN

Signature \_\_\_\_\_

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

Secretary of State use only

 IDAHO SECRETARY OF STATE  
 05/21/2012 05:00  
 CK: 5317 CT: 270617 BH: 1325035  
 1 @ 100.00 = 100.00 PROF LLC # 2

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