

Signature //

Typed Name: Phillip J. McDonald

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

2013 FEB 21 PM 3: 38 SECRETARY OF MATE STATE OF MAHO

	(Instructions on back	k of application)
1. ]	The name of the professional limite	ed liability company is:
		Paragon Nursing PLLC
2. 7	The complete street and mailing addresses of the initial designated office:	
	578 E. Anton Street, Meridian, ID 83646	
	(Street Address)	
	(Mailing Address, if different than street address)	)
3.	The name and complete street address of the registered agent:	
	Cheryi L. McDonald Jeffreys	578 E. Anton Street, Meridian, ID 83646
	(Name)	(Street Address)
	<u> </u>	
).	Mailing address for future correspondence (annual report notices):	
	578 E. Anton Street, Meridian, ID 83646	
<b>3</b> .   !	Future effective date of filing (optio	onal): 01March2013
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	
ign	nature of a manager, member or	r authorized
ers	on.	Secretary of State use only
Sian	ature (LL R / klundle	She o
_	ed Name: Cheryl L. McDonald Jeffreys	
, r`		

IDAHO SECRETARY OF STATE

02/21/2013 05:00

CK: 1294707 CT: 172099 BH: 1361284
1 0100.00 = 100.00 PROFILE 12

W(22283