



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

11 SEP 15 AM 9:31

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

J & S Medical Consulting, PLLC

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

4072 N. Brookie Lane, Post Falls, ID 83854

(Street Address)

(Mailing Address, if different than street address)

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

Camille Volking, CNP FNP

(Name)

4072 N. Brookie Lane, Post Falls, ID 83854

(Street Address)

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

**Name**

**Address**

Camille Volking, CNP FNP

4072 N. Brookie Lane, Post Falls, ID 83854

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

4072 N. Brookie Lane, Post Falls, ID 83854

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: Medicine

Signature of a manager, member or authorized person.

Signature Camille Volking

Typed Name: Camille Volking, CNP

Signature \_\_\_\_\_

Typed Name: Shirley A. MD

Secretary of State use only

IDAHO SECRETARY OF STATE  
09/15/2011 05:00  
CK: 1305 CT: 262468 BH: 1298503  
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