To:



CERTIFICATE OF ORGANIZATION **PROFESSIONAL** LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in duplicate.

FILED EFFECTIVE

2018 JUN 26 PM 年 37

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the professional limited liability company is: Jeffrey D. Stucki, D.O., PLLC		
2.	The complete street and mailing addresses of the principal office is: 444 Hospital Way, Suite 710, Pocatello, Idaho 83201 (Street Address)		
	(Mailing Address, if different)		
3.	Name and street address of registered agent in Idaho:		
	Jeffrey D. Stucki, DO	444 Hospital Way, Suite 710, Pocatello, Idaho 83201	
	(Name)	(Address)	
4.	The name and address of at least one governor of the limited liability company:		
	Jeffrey D. Stucki, DO	444 Hospital Way, Suite 710, Pocatello, Idaho 83201	
	(Name)	(Address)	
	(Neme)	(Address)	
	(Name)	(Address)	
5.	Mailing address for future correspondence (annual report notices):		
	444 Hospital Way, Suite 710, Pocatello, Idaho 83201		
	(Address)		
6 .	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		
		Secretary of State use only	
7.	Signature of a manager, member, or	· · · · · · · · · · · · · · · · · · ·	

Printed Name: Signature: Printed Name:

Signature: _ Rev. 11/2017 IDAHO SECRETARY OF STATE 06/27/2018 05:00

CK:19449886 CT:172099 BH:1650901 16 100.00 = 100.00 PROF LLC #2 16 20.00 = 20.00 EXPEDITE C #3