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CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE
2011 JUN -3 AM 11:08
SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Toni Sparks FNP, PLLC

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

1111 South Orchard Street Ste 155 Boise Idaho 83705

(Street Address)

(Mailing Address, if different than street address)

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

Toni Sparks

(Name)

1111 South Orchard Street Ste 155 Boise Idaho 83705

(Street Address)

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

Name

Address

Toni Sparks

1111 South Orchard Street Ste 155 Boise Idaho 83705

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

1111 South Orchard Street Ste 155 Boise Idaho 83705

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

Toni Sparks

Typed Name: Toni Sparks

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/03/2011 05:00
CK: 695400 CT: 172099 BH: 1276577
I @ 100.00 = 100.00 PROF LLC # 2

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