



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

**FILED EFFECTIVE**

2013 DEC 12 AM 8:14

 SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

Vance Medical Services, PLLC

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

2524 N. Stokesberry, Meridian, ID, 83646

(Street Address)

6120 S. Robinson Rd, Kuna, ID, 83634

(Mailing Address, if different than street address)

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

Byron Mark Vance, MD

(Name)

6120 S. Robinson Rd, Kuna, ID 83634

(Street Address)

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

**Name**
**Address**
Byron Mark Vance, MD
6120 S. Robinson Rd, Kuna, ID 83634

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

6120 S. Robinson Rd, Kuna, ID 83634

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

 Typed Name: Byron Mark Vance, MD

Signature

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

Secretary of State use only

 IDAHO SECRETARY OF STATE  
 12/12/2013 05:00  
 CK: 272 CT: 290548 BH: 1401401  
 1 @ 100.00 = 100.00 PROF LLC # 2  
 1 @ 20.00 = 20.00 EXPEDITE C # 3