

## PROFESSIONAL LIMITED 07 SEP 20 AM 9: 04 ECTIVE ARTICLES OF ORGANIZATION LIABILITY COMPANY (Instructions on back of application) SECRETARY OF STATE OF IDAHO

1.	The name of the professional limited liability company is:  Advanced Therapy Care PLLC	
2.	The professional LLC is organized for the practice in the profession of: Medicine	
3.	The address of the initial registered office is:	5850 S. 18th E. Mountain Home, Idaho 83647
	and the name of the initial registered agent is:	Rachelle O. Ruffing
4.	Management of the professional limited liability company will be vested in:	
	☑ Manager(s) ☐ Mem	ber(s)
5.	If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member.	
	Name	Address
	Rachelle O. Ruffing	5850 S. 18th E. Mountain Home, Idaho 83647
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6.	Signature(s) of at least one person responsible for forming the limited liability company:	
.*	Signature Rachelle O. Ruting	<b>प</b>
	Capacity Manager	- lg code 2
	Signature	IDANO SECRETARY OF STATE  9/20/2007 05: 09/20/2007 05:
	Typed Name	IDAHO SECRETARY OF STATE
	Capacity	- 8 09/20/2007 WS

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