



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

09 NOV 13 PM 3:07

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

Boise Acupuncture Clinic PLLC

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

6550 W. Emerald St. Suite 112 Boise, Idaho 83704

(Street Address)

(Mailing Address, if different than street address)

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

Nedda Jastremsky

(Name)

6550 W. Emerald St. Suite 112

(Street Address) Boise, ID 83704

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

Name

Address

Nedda Jastremsky

6550 W. Emerald St. Suite 112, Boise ID 83704

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

6550 W. Emerald St. Suite 112 Boise ID 83704

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 an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature

Nedda Jastremsky

Typed Name:

Nedda Jastremsky

Signature

Typed Name:

Secretary of State use only

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11/13/2009 05:00  
CK: 1014 CT: 242241 BH: 1195314  
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