



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

**FILED EFFECTIVE**

2014 JAN 23 AM 9:10

(Instructions on back of application)

 SECRETARY OF STATE  
STATE OF IDAHO

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

Owens Medical PLLC

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

21 Granada Place, Burley ID 83318

(Street Address)

(Mailing Address, if different than street address)

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

Betty Thieman

(Name)

253 Adams St., Twin Falls ID 83301

(Street Address)

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

**Name**
**Address**

Kevin Owens

21 Granada Place, Burley ID 83318

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

21 Granada Place, Burley ID 83318

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: Medical Services

Signature of a manager, member or authorized person.

 Signature [Signature]

 Typed Name: Kevin Owens

Signature \_\_\_\_\_

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

Secretary of State use only

 IDAHO SECRETARY OF STATE  
01/23/2014 05:00  
CK: 435 CT: 200109 BH: 1407300  
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