FILED EFFECTIVE

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Signature: _



CERTIFICATE OF ORGANIZATION **PROFESSIONAL** LIMITED LIABILITY COMPANY

2017 HAY 26 PH 2: 10

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

SECRETARY OF STATE STATE OF IDAHO

Complete and submit the application in <u>duplicate</u> .				
1.	The name of the professional lin	The name of the professional limited liability company is:		
	Lawrence Keister, PLLC			
2 .	The complete street and mailing addresses of the principal office is: 2261 Canyon Trail Way (Street Address)			
	Twin Falls, ID 83301			
	(Mailing Address, if different)			
3.	Name and street address of registered agent in Idaho:			
	Lawrence Keister 2261 Canyon Trail Way, Twin Falls, ID 83301		Trail Way Turin Follo ID 92204	
	(Name)	(Address)		
_				
4.	The name and address of at least one governor of the limited liability company:			
	Lawrence Keister	2261 Canyon Trail Way, Twin Falls, ID 83301		
	(Name)	(Address)		
	(Name)	(Address)		
		,	·	
	(Name)	(Address)		
5.	Malling address for future correct	•		
	Mailing address for future correspondence (annual report notices): 2261 Canyon Trail Way, Twin Falls, ID 83301			
	(Address)			
		•		
6 . '	The limited liability company is a p duly licensed or otherwise legally a	rofessional company, and the partherized to render profession	principal profession or professions for which members are all services is:	
-	N	ursing		
	·			
7.	Signature of a manager, member, or an organizer.		Secretary of State use only	
	l overses 1/-:-4	, or an organizer.	IDAHO SECRETARY OF STATE	
Printed Name: Lawrence Reister			05/26/2017 05:00	
Signature:			CK:13480530 CT:172099 BH:1586112	
			16 100.00 = 100.00 PROF LLC #2	
Printe	ed Name:		16 20.00 = 20.00 EXPEDITE C #3	
Signature:			W183562	