



Reset Form



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed)

For Office Use Only
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1. The name of the professional limited liability company is:

ElevateRx Consulting *PLLC*

2. The complete street and mailing addresses of the principal office is:

4669 N Daydream Ln Idaho Falls, ID 83401

(Street Address)

(Mailing Address, if different)

3. Name and street address of registered agent in Idaho:

Richard Black

4669 N Daydream Ln Idaho Falls, ID 83401

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Richard Black

4669 N Daydream Ln Idaho Falls, ID 83401

(Name)

(Address)

Justin Messenger

723 E 97 N Idaho Falls, ID 83401

(Name)

(Address)

(Name)

(Address)

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

4669 N Daydream Ln Idaho Falls ID 83401

(Mailing Address)

6. 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

7. Signature of a manager, member, or an organizer.

Printed Name: Richard Black

Signature: *Richard Black*

Printed Name: Justin Messenger

Signature: *Justin Messenger*

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