



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

OCT 17 PM 2:07

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Joel Webb PA-C LLC

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

2202 Elmore St, Pocatello ID 83201
(Street Address)

(Mailing Address, if different than street address)

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

Joel T. Webb
(Name)

2202 Elmore St., Pocatello, ID 83201
(Street Address)

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

Name	Address
<u>Joel T. Webb</u>	<u>2202 Elmore St, Pocatello ID</u>

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

2202 Elmore St, Pocatello, ID 83201

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature [Handwritten Signature]
Typed Name: Joel T. Webb

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/17/2011 05:00
CK: 1001 CT: 263365 BH: 1294527
1 @ 100.00 = 100.00 ORGAN LLC # 2

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