



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 APR 25 AM 8:55
SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

1. The name of the limited liability company is:

Idaho Nurse Consulting, LLC

2. The street address of the initial registered office is:

709 North Kerogen Place, Kuna, ID 83634

and the name of the initial registered agent at the above address is:

Tiffany Wells

3. The mailing address for future correspondence is:

P.O. Box 191, Meridian, Idaho 83680

4. The limited liability company will be:

Manager-managed ☒ or Member-managed ☐ (please check the appropriate box)

5. If manager-managed, list the name(s) and address(es) of at least one initial manager.
If member-managed, list the name(s) and address(es) of at least one initial member.

Name

Address

Tiffany Wells

P.O. Box 191, Meridian, Idaho 83680

6. Signature of at least one person responsible for forming the limited liability company:

Signature: 

Typed Name: Tiffany Wells

Capacity: Chief Executive Officer

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

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Revised 05/2007

Web Form

IDAHO SECRETARY OF STATE
04/25/2008 05:00
CK: 1043 CT: 225348 BH: 1111978
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