



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

2017 AUG -4 AM 9:12

SECRETARY OF STATE  
STATE OF IDAHO

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

SOUTHERN IDAHO VASCULAR ASSOCIATES, PLLC

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

775 POLE LINE RD W STE 213, TWIN FALLS, ID 83301

(Street Address)

PO BOX 2775, TWIN FALLS, ID 83303-2775

(Mailing Address, if different)

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

W TRACEY JONES III, MD

3180 WOODRIDGE DR, TWIN FALLS, ID 83301

(Name)

(Address)

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

W TRACEY JONES III, MD, PLLC

3180 WOODRIDGE DR, TWIN FALLS, ID 83301

(Name)

(Address)

DAVID A JOHNSON, MD, PA

PO BOX 2775, TWIN FALLS, ID 83303-2775

(Name)

(Address)

(Name)

(Address)

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

PO BOX 2775, TWIN FALLS, ID 83303-2775

(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



Secretary of State use only

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

X Printed Name: W. Tracey Jones III

X Signature: W. Tracey Jones III

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

IDAHO SECRETARY OF STATE  
08/04/2017 05:00  
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