



Revised 01/2019

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY C FILE #: 0005173071

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		id 25, idano Code	
	Base Filing fee: \$100.00 +	\$20.00 for manual process	ing (form must be typed).
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1. 1	The name of the professional limited lia	ahility company is:	1 (
	Advanced Medical Services, PLLC		
	Advanced Medical Se	ervices, PLLC	
2. T	he complete street and mailing addresses of the principal office is:		
	412 Nicole Dr. Jerome, ID 83338		
-	(Street Address)		
-	(Mailing Address, if different)		
3. N	lame and street address of registered agent <u>in Idaho</u> :		
-	Aaron B. Brown	412 Nicole	Dr. Jerome, ID 83338
*****	(Name)	(Address)	
4. 7	The name and address of at least one governor of the limited liability company:		
	Aaron B. Brown 412 Nicole Dr. Jerome, ID 83338		
	(Name)	(Address)	D1: 00101110; 12 00000
	(Name)	(Address)	
	(varie)	(Address)	9
	· · · · · · · · · · · · · · · · · · ·		
	(Name) (Address)		
	Mailing address for future correspondence (annual report notices):		
_	412 Nicle Dr. Jerome, ID 83338		
6. T	Mailing Address)		
	he limited liability company is a professional company, and the principal profession or professions for which members are a luly licensed or otherwise legally authorized to render professional services is:		
N	Medicine- Idaho medical license M-10217		
_			
7. 5	Signature of a manager, member, or ar	organizer	Secretary of State use only
Printe	ed Name: Aaron B. Brown	WARRANI A	N
Signs	ature:	_	1
Jigite	Auto.		
Printe	ed Name:		
Signa	ature:		1