



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE **PROFESSIONAL** **LIMITED LIABILITY COMPANY**

2010 JUL 22 AM 11:46

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Gia Swope FNP PLLC

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

1032 S. Bridgeway PL STE 110

(Street Address)

Eagle ID 83616

(Mailing Address, if different than street address)

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

Gia Swope

(Name)

1032 S. Bridgeway PL STE 110

(Street Address)

Eagle ID 83616

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

Name

Address

Gia Swope

1032 S. Bridgeway PI STE 110 Eagle ID 83616

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

1032 S. Bridgeway PL STE 110 Eagle ID 83616

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

7. 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: Nursing

Signature of a manager, member or authorized person.

Signature 

Typed Name: Gia Swope

Signature _____

Typed Name: _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
07/22/2010 05:00
CK: 481248 CT: 172099 BH: 1231717
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