



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 JUL -7 AM 8:50

**SECRETARY OF STATE
STATE OF IDAHO**

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

KJO PLLC

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

4504 N. Villa Ridge Way

(Street Address)

Boise, ID 83703

(Mailing Address, if different)

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

Karen Jones

4504 N. Villa Ridge Way, Boise, ID 83703

(Name)

(Address)

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

Karen Jones

4504 N. Villa Ridge Way, Boise, ID 83703

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

Karen Jones, KJO PLLC, 4504 N. Villa Ridge Way, Boise, ID 83703

(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:

Physical Therapy



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

Printed Name: Karen Jones

Signature: Karen Jones

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

07/07/2017 05:00

CK:1750 CT:312167 BH:1592407

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