



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 JAN 26 PM 1:53

SECRETARY OF STATE
STATE OF IDAHO

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

LD Sewell, PLLC

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

3330 Sparrow Hawk Drive, Idaho Falls, ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

Lindsay Sewell

(Name)

3330 Sparrow Hawk Drive, Idaho Falls, ID 83401

(Street Address)

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

Name

Address

Lindsay Sewell

3330 Sparrow Hawk Drive, Idaho Falls, ID 83401

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

3330 Sparrow Hawk Drive, Idaho Falls, ID 83401

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: _____
Medical Professional services

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature _____

Typed Name: _____

Lindsay Sewell

Signature _____

Typed Name: _____

Secretary of State use only

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