







STATE OF IDAHO Office of the secretary of state, Phil McGrane **CERTIFICATE OF ORGANIZATION LIMITED** LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0006159583

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Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Ser descriptions below)	rvice (see Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Professional Limited Liability Company
Entity name	Johnson Orthopedic Hand Surgery PLLC
Profession	
The business is organized to practice the profession	on of: Medicine
2. The complete street address of the principal office is:	
Principal Office Address	115 N MOBLEY DR
	BOISE, ID 83712
3. The mailing address of the principal office is:	
Mailing Address	115 N MOBLEY DR
	BOISE, ID 83712-8132
4. Registered Agent Name and Address	
Registered Agent	Registered Agent
	Jayson Johnson
	Physical Address:
	901 N CURTIS RD
	STE 304 BOISE, ID 83706-1341
	Mailing Address:
	901 N CURTIS RD
	STE 304
	BOISE, ID 83706-1341
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I affirm that the registered agent appointed has	s consented to serve as registered agent for this entity.
5. Governors	
Name	Address
Jayson Johnson 9	01 N CURTIS RD #304
	BOISE, ID 83706
Signature of Organizer:	
Nat Smith	03/13/2025
Sign Here	Date