



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE  
2013 FEB -1 AM 9:52  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

INTERMOUNTAIN ADVANCED PRACTICE NURSES ASSOCIATION, LLC

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

5843 EAST MIDDLEFORK IDAHO FALLS, ID 83406

(Street Address)

(Mailing Address, if different than street address)

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

JANET P GARLAND

(Name)

5843 EAST MIDDLEFORK IDAHO FALLS, ID 83406

(Street Address)

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

Name

Address

JANET P GARLAND

5843 EAST MIDDLEFORK IDAHO FALLS, ID 83406

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

5843 EAST MIDDLEFORK IDAHO FALLS, ID 83406

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name:

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
02/01/2013 05:00  
CK: 4641 CT: 278883 BH: 1358350  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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