



# **CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY**

**FILED EFFECTIVE**

2014 MAY -5 AM 9:45

 SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

JAMML PLLC

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

3948 N Chatterton Ave

(Street Address)

Boise, ID 83713

(Mailing Address, if different than street address)

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

Jennifer Hickey

(Name)

3948 N Chatterton Ave, Boise, ID 83713

(Street Address)

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

**Name**
**Address**

Jennifer Hickey

3948 N Chatterton Ave, Boise, ID 83713

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

3948 N Chatterton Ave, Boise, ID 83713

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: Chiropractic & Physical Therapy

Signature of a manager, member or authorized person.

Signature

 Typed Name: Jennifer Hickey

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

05/05/2014 05:00

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