



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 JUL 23 AM 8:39

SECRETARY OF STATE
STATE OF IDAHO

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

Jerry G. Elliott PLLC

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

142 S. Brewster Ave Boise, ID 83709

(Street Address)

(Mailing Address, if different than street address)

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

Jerry G. Elliott

(Name)

142 S. Brewster Ave Boise, ID 83709

(Street Address)

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

Name

Address

Jerry G. Elliott

142 S. Brewster Ave Boise, ID 83709

Nicole D. Elliott

142 S. Brewster Ave Boise, Id 83709

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

142 S. Brewster Ave Boise, ID 83709

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: Advanced Practice Nursing

Signature of a manager, member or authorized person.

Signature [Signature]

Typed Name: Jerry G. Elliott

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

07/23/2015 05:00

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