

Capacity \_\_\_

## ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application) The name of the professional limited liability company is: ALLIED HEALTHCARE, PLLC The professional LLC is organized for the practice in the profession of: The address of the initial registered office is: 2920 CORTEZ IDAHO FALLS, 10-83404 JASON PARKER and the name of the initial registered agent is: Management of the professional limited liability company will be vested in: ✓ Manager(s) ☐ Member(s) If management is to be vested in one or more manager(s), list the name(s) and 5. address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member. Address Name **5727 VEIL DR** JASON PARKER IDAHO FALLS, ID 83406 6. Signature(s) of at least one person responsible for forming the limited liability company: Signature \_ Typed Name// JASON PARKER MANAGER Capacity Signature IDANO SECRETARY OF STATE 03/13/2007 05:00 Typed Name \_\_\_\_\_ 1690 CT: 171497 BH: 1839341 100.00 = 100.00 PROF LLC #

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