



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

**FILED EFFECTIVE**

2014 DEC 26 AM 9:02

(Instructions on back of application)

 SECRETARY OF STATE  
STATE OF IDAHO

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

Teton Travelers PLLC

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

831 West 100 North

(Street Address)

Blackfoot, ID 83221

(Mailing Address, if different than street address)

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

Mack Lloyd

(Name)

831 West 100 North

(Street Address)

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

**Name**
**Address**
Ace Merrill
542 Maple Dr. Rexburg, ID 83440
Chase Lewis
307 South Millhollow Rd. Rexburg, ID 83440

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

831 West 100 North Blackfoot, ID 83221

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: Nursing

Signature of a manager, member or authorized person.

Signature

 Typed Name: Mack Lloyd

Signature

 Typed Name: Ace Merrill

Secretary of State use only

IDAHO SECRETARY OF STATE

**12/26/2014 05:00**

CK:162 CT:304499 BH:1454492

10 100.00 = 100.00 PROF LLC #2

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