



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

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

ALAN JAKE POULTER, MD, PLLC

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

645 W. 100 S., Blackfoot, ID 83221

(Street Address)

(Mailing Address, if different than street address)

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

Alan Jake Poulter

(Name)

645 W. 100 S., Blackfoot, ID 83221

(Street Address)

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

Name

Alan Jake Poulter

Address

645 W. 100 S., Blackfoot, ID 83221

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

645 W. 100 S., 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: Medicine

Signature of a manager, member or authorized person.

Signature Conrad Aiken

Typed Name: Conrad Aiken, Authorized Person

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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