



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2014 APR -9 AM 8:46

 SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

CHRISTOPHER R. JOHNSON, D.O., PLLC

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

750 HOSPITAL WAY, SUITE A, POCA TELLO, ID 83201

(Street Address)

(Mailing Address, if different than street address)

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

ERIC L. OLSEN

(Name)

201 E. CENTER ST., POCA TELLO, ID 83201

(Street Address)

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

Name
Address
CHRISTOPHER R. JOHNSON, D.O.
750 HOSPITAL WAY, SUITE A
POCA TELLO, ID 83201

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

750 HOSPITAL WAY, SUITE A, POCA TELLO, ID 83201

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

 Typed Name: ERIC L. OLSEN, ORGANIZER

Signature

Typed Name: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
 04/09/2014 05:00
 CK: 72749 CT: 1188 BH: 1419489
 1 @ 100.00 = 100.00 PROF LLC # 2

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