



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 FEB -3 AM 9:58

SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

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

Jeffery Givens PLLC

2. The complete street address, and mailing address if different, of the initial designated/ principal office:

11805 E. Nunn Road, Athol, Idaho 83801

3. The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:

Jeffery Stuart Givens, 11805 E. Nunn Road, Athol, Idaho 83801

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

Name

Address

Jeffery Stuart Givens

Jeffery Stuart Givens, 11805 E. Nunn Road, Athol, Idah

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

Jeffery Stuart Givens, 11805 E. Nunn Road, Athol, Idaho 83801

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: Health care family practice Medical Doctor

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature _____

Typed Name: Karmelia Fredrick, Legalzoom.com, Inc.

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/03/2009 05:00
CK: 389321 CT: 167623 BH: 1155262
1 @ 100.00 = 100.00 PROF LLC # 2

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Revised 07/2008

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