



0005895463

**STATE OF IDAHO**

Office of the secretary of state, Phil McGrane

**CERTIFICATE OF ORGANIZATION LIMITED  
LIABILITY COMPANY**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$100.00

For Office Use Only

**-FILED-**

File #: 0005895463

Date Filed: 9/9/2024 9:30:58 PM

## Certificate of Organization Limited Liability Company

Select one: Standard, Expedited or Same Day Service (see descriptions below) Expedited (+\$40; filing fee \$140)

## 1. Limited Liability Company Name

Type of Limited Liability Company

Professional Limited Liability Company

Entity name

Pointer Pain Providers PLLC

## Profession

The business is organized to practice the profession of:

Nursing

## 2. The complete street address of the principal office is:

Principal Office Address

602 N HAYES STREET  
MOSCOW, ID 83843

## 3. The mailing address of the principal office is:

Mailing Address

602 N HAYES ST  
MOSCOW, ID 83843-3239

## 4. Registered Agent Name and Address

Registered Agent

Registered Agent

John A Schirmer

Physical Address:

602 N HAYES STREET  
MOSCOW, ID 83843

Mailing Address:

602 N HAYES ST  
MOSCOW, ID 83843-3239☒ I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

## 5. Governors

| Name                  | Address                                |
|-----------------------|--|
| James Lee Hug         | 3419 11TH STREET<br>LEWISTON, ID 83501 |
| John Anthony Schirmer | 602 N HAYES STREET<br>MOSCOW, ID 83843 |

Signature of Organizer:

*James Lee Hug*

Sign Here

*09/09/2024*

Date

B0946-6848 09/09/2024 9:32 PM Received by Office of the Idaho Secretary of State