



**ARTICLES OF ORGANIZATION  
PROFESSIONAL LIMITED  
LIABILITY COMPANY**

**FILED**  
JUN 15 4 09 PM '99  
SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

The name of the professional limited liability company is: \_\_\_\_\_

**IARS PLLC**

The professional limited liability company is organized for the practice of the  
profession(s)

of: **HEALTH CARE SERVICES**

3. The address of the initial registered office is **157 SKY LARK DR. BOISE IDAHO  
83702**

and  
the name of the initial registered agent at that address is **LEONARD J KLIKUNAS**

Signature of registered agent: Leonard J. Klikunas

4. Is management of the limited liability company vested in a manager or  
managers?

☒ Yes

☐ No

(check appropriate box)

5. If management is vested in one or more manager(s), list the name(s) and  
address(es) of at least one initial manager. If management is vested in the  
members, list the name(s) and address(es) of at least one member.

Name:

Address:

**LEONARD J KLIKUNAS**

**157 SKY LARK DR. BOISE, IDAHO 83702**

6. Signature(s) of at least one person listed in #6  
above: Leonard J. Klikunas

Secretary of State use only

IDAHO SECRETARY OF STATE

06/15/1999 09:00  
CX: CASH CT: 116060 DR: 223960

1 @ 100.00 = 100.00 PROF LLC # 2

W 9018