State





Signature: Revised 01/2019

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY CCFile #: 0005169946

Title 30, Chapters 21 and 25, Idaho Code

For Office Use Only

-FILED-

Date Filed: 3/21/2023 3:36:00 PM

	Base Filing fee: \$100	.00 + \$20.00 for manual processir	ng (form must be typed).
1.	The name of the professional limi	ted liability company is:	
	National Formulary Healthcare Consulting PLLC		
2.	The complete street and mailing addresses of the principal office is:		
	372 S. Eagle Rd #245 Eagle, Idaho 83616		
	(GREET FROM #55)		
	(Mailing Address, if different)		
3.	Name and street address of registered agent in Idaho: Vicky Keeth 5210 W. Wylie Lane Boise Idho 873703 &3703		
4.	The name and address of at least one governor of the limited liability company:		
	(Name)	(Address)	
	Vicky Keeth	5206. W. Wyl	ie Lane Boise Idaho 83703
	VIORY IXCOUR	<u> </u>	
	(Name)	(Address)	A CONTRACTOR OF THE CONTRACTOR
	(Name)	(Address) (Address)	
5.	(Name) Mailing address for future corresp	(Address) (Address) ondence (annual report notices):	
5.	(Name) Mailing address for future corresp 372 S. Eagle Rd #24	(Address) (Address) ondence (annual report notices):	
5 .	(Name) Mailing address for future corresp 372 S. Eagle Rd #24. (Mailing Address) The limited liability company is a p	(Address) (Address) ondence (annual report notices): 5 Eagle, Idaho 83616 professional company, and the prin	ncipal profession or professions for which members are
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6. 7. Pri	(Name) Mailing address for future corresp 372 S. Eagle Rd #24. (Mailing Address) The limited liability company is a p duly licensed or otherwise legally Medicine Signature of a manager, member,	(Address) condence (annual report notices): 5 Eagle, Idaho 83616 corofessional company, and the prinauthorized to render professional	ncipal profession or professions for which members are services is: