



0005469205

**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 #: 0005469205

Date Filed: 11/7/2023 10:40:54 AM

Certificate of Organization Limited Liability Company

Select one: Standard, Expedited or Same Day Service (see descriptions below) Standard (filing fee \$100)

1. Limited Liability Company Name

Type of Limited Liability Company

Limited Liability Company

Entity name

New Leaf Trauma Institute LLC

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

Principal Office Address

175 E 50TH ST
GARDEN CITY, ID 83714

3. The mailing address of the principal office is:

Mailing Address

175 E 50TH ST
GARDEN CITY, ID 83714-1413

4. Registered Agent Name and Address

Registered Agent

Michael Kuffel
Registered Agent
Physical Address
175 E 50TH ST
MICHAEL KUFFEL
GARDEN CITY, ID 83714-1413
Mailing Address
175 E 50TH ST
MICHAEL KUFFEL
GARDEN CITY, ID 83714-1413☒ I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

5. Governors

Name	Address
Michael Kuffel	175 E 50TH ST GARDEN CITY, ID 83714

Signature of Organizer:

Michael Kuffel

Sign Here

11/07/2023

Date

B0855-2418 11/07/2023 10:41 AM Received by Office of the Idaho Secretary of State