



0005309924

**STATE OF IDAHO**

Office of the secretary of state, Phil McGrane

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$100.00 - Make Checks Payable to Secretary of State

For Office Use Only

-FILED-

File #: 0005309924

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Statement of Qualification of Limited Liability Partnership	
Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$100)
Limited Liability Partnership Name	
Type of Limited Liability Partnership	Professional Limited Liability Partnership
Entity name	Evolving Minds Mental Health, PLLP
Limited Liability Partnership Designation	
<input checked="" type="checkbox"/> By checking this box and filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.	
Profession	
The business is organized to practice the profession of:	Nursing
The complete street address of the principal office is:	
Principal Office Address	3540 S BEVERLY ST BOISE, ID 83709
The mailing address of the principal office is:	
Mailing Address	3540 S BEVERLY ST BOISE, ID 83709-4907
Street address of an office in this State:	
Address	None
Registered Agent Name and Address	
Registered Agent	Registered Agent Amanda M Tillemans Physical Address: 3540 S BEVERLY ST BOISE, ID 83709 Mailing Address: 3540 S BEVERLY ST BOISE, ID 83709-4907
<input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.	
6. Signature of individual authorized by partners to sign:	
<u>Amanda Tillemans</u>	<u>07/07/2023</u>
Sign Here	Date
Job Title: Partner	

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