



0005048934

**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 #: 0005048934

Date Filed: 1/3/2023 4:36:39 PM

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|--|--|--|------|---------|---------------|--|
| <p>Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below)</p> <p>1. Limited Liability Company Name Type of Limited Liability Company Entity name</p> <p>2. The complete street address of the principal office is: Principal Office Address</p> <p>3. The mailing address of the principal office is: Mailing Address</p> <p>4. Registered Agent Name and Address Registered Agent</p> | | <p>Standard (filing fee \$100)</p> <p>Professional Limited Liability Company Jen Scharffer PLLC</p> <p>Medicine</p> <p>1921 BIRCH DRIVE LEWISTON, ID 83501</p> <p>1921 BIRCH DR LEWISTON, ID 83501-6012</p> <p>Registered Agent Jen Scharffer Physical Address: 1921 BIRCH DRIVE LEWISTON, ID 83501 Mailing Address: 1921 BIRCH DR LEWISTON, ID 83501-6012</p> | | | | |
| <p><input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.</p> <p>5. Governors</p> <table border="1"> <tr> <td>Name</td> <td>Address</td> </tr> <tr> <td>Jen Scharffer</td> <td>1921 BIRCH DRIVE LEWISTON, ID 83501</td> </tr> </table> <p>Signature of Organizer:</p> <p><i>JEN SCHARFFER</i></p> <p>Sign Here</p> | | | Name | Address | Jen Scharffer | 1921 BIRCH DRIVE LEWISTON, ID 83501 |
| Name | Address | | | | | |
| Jen Scharffer | 1921 BIRCH DRIVE LEWISTON, ID 83501 | | | | | |
| | | <p>01/03/2023</p> <hr/> <p>Date</p> | | | | |