

Printed Name:

Signature:

## **CERTIFICATE OF ORGANIZATION PROFESSIONAL** LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in duplicate.

1. The name of the professional limited liability company is:

## FILED EFFECTIVE

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2016 MAY 20 PM 12: 58

SECRETARY OF STATE STATE OF IDAHO

Boise Ketamine Clinic PLLC	
The complete street and mailing addresses of the principal office is:  13691 W Annabrook Drive	
(Street Address) Boise ID 83713	
(Mailing Address, if different)	
Name and street address of registered	agent <u>in Idaho</u> :
Nykol Bailey	13691 W Annabrook Drive Boise ID 83713
(Name)	(Address)
The name and address of at least one Nykol Bailey	governor of the limited liability company: 13691 W Annabrook Drive Boise ID 83713
(Name)	(Address)
(Name)	(Address)
(Name)	(Address)
Mailing address for future corresponder	•
13691 W Annabrook Drive Boise	∍ ID 83713 
(Address)	
The limited liability company is a profes	ssional company, and the principal profession or professions for which members a
duly licensed or otherwise legally author	orized to render professional services is:
Nursi	ng
	Secretary of State use only
Signature of a manager, member, or	or an organizer.
Nykol Bailey	IDAHO SECRETARY OF STATE
nature: Walley	O5/20/2016 O5:00 CK:769 CT:324665 BH:1529545 10 100.00 = 100.00 PROF LLC #:
atad Nama:	W166890