





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 #: 0005475970

Date Filed: 11/10/2023 7:41:48 PM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or San descriptions below) | | Standard (filing fee \$100) |
|---|--|---|
| 1. Limited Liability Company Name | | |
| Type of Limited Liability Company | | Limited Liability Company |
| Entity name | | Treasure Valley Vein and Wound Center LLC |
| The complete street address of the principal office Principal Office Address | is: | ASHLEY BENNETT 10557 W CARLTON BAY DRIVE SUITE 106 GARDEN CITY, ID 83714 |
| 3. The mailing address of the principal office is: | | |
| Mailing Address | | ASHLEY BENNETT 10557 W CARLTON BAY DR STE 106 GARDEN CITY, ID 83714-5200 |
| 4. Registered Agent Name and Address | | |
| Registered Agent | | Josh Irving Registered Agent |
| | | Physical Address |
| | | 10557 W CARLTON BAY DRIVE SUITE 201 |
| | | GARDEN CITY, ID 83714 |
| | | Mailing Address 10557 W CARLTON BAY DRIVE SUITE 201 JOSH IRVING GARDEN CITY, ID 83714 |
| ☑ I affirm that the registered agent appropriate in the content of the conte | pointed has consented | to serve as registered agent for this entity. |
| 5. Governors | | |
| Name | | Address |
| Ashley Bennett | ASHLEY BENNETT 10557 W CARLTON BAY DRIVE SUITE 106 GARDEN CITY, ID 83714 | |

Signature of Organizer:

Ashley Bennett

Sign Here

11/10/2023

Date