







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney **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 #: 0004943597

10/06/2022

Date

Date Filed: 10/6/2022 7:56:57 PM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below) | | Expedited (+\$40; filing fee \$140) | |
|--|--|--|--|
| 1. Limited Liability Company Name | | | |
| Type of Limited Liability Company | | Limited Liability Company | |
| Entity name | | Nueva Vida Healthcare LLC | |
| 2. The complete street address of the pri | ncipal office is: | | |
| Principal Office Address | | 784 S. CLEARWATER LOOP STE B POST FALLS, ID 83854 | |
| 3. The mailing address of the principal of | fice is: | | |
| Mailing Address | | 2267 N OAKBROOK RD AMMON, ID 83401-1228 | |
| 4. Registered Agent Name and Address | | | |
| Registered Agent | | NORTHWEST REGISTERED AGENT LLC Commercial Registered Agent | |
| | | Physical Address | |
| | | 784 S CLEARWATER LOOP STE B POST FALLS, ID 83854 | |
| | | Mailing Address | |
| | | 784 S CLEARWATER LOOP STE B POST FALLS, ID 83854 | |
| ■ I affirm that the registered | agent appointed has consented | d to serve as registered agent for this entity. | |
| 5. Governors | | | |
| Name | | Address | |
| Kathryn Fenske | 784 S. CLEARWATER LOOP STE B POST FALLS, ID 83854 | | |
| Bonnie Rivas | 784 S. CLEARWATER LOOP STE B POST FALLS, ID 83854 | | |

Morgan Noble

Sign Here