



0004557157

**STATE OF IDAHO***Office of the secretary of state, Lawrence 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 #: 0004557157

Date Filed: 1/6/2022 2:37:45 PM

Certificate of Organization Limited Liability Company					
Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$100)				
1. Limited Liability Company Name					
Type of Limited Liability Company	Limited Liability Company				
Entity name	BRIO PDN LLC				
2. The complete street address of the principal office is:					
Principal Office Address	COREY BOYD 556 W SUNNYSIDE DR IDAHO FALLS, ID 83402				
3. The mailing address of the principal office is:					
Mailing Address	COREY BOYD 556 W SUNNYSIDE RD IDAHO FALLS, ID 83402-4641				
4. Registered Agent Name and Address					
Registered Agent	Registered Agent COREY BOYD Physical Address: 556 W SUNNYSIDE DR IDAHO FALLS, ID 83402 Mailing Address: 556 W SUNNYSIDE RD IDAHO FALLS, ID 83402-4641				
<input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.					
5. Governors					
<table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>BRIO IDAHO HEALTHCARE LLC</td><td>COREY BOYD 556 W SUNNYSIDE DR IDAHO FALLS, ID 83402</td></tr></tbody></table>		Name	Address	BRIO IDAHO HEALTHCARE LLC	COREY BOYD 556 W SUNNYSIDE DR IDAHO FALLS, ID 83402
Name	Address				
BRIO IDAHO HEALTHCARE LLC	COREY BOYD 556 W SUNNYSIDE DR IDAHO FALLS, ID 83402				
Signature of Organizer:					
<u>COREY BOYD</u>	<u>01/06/2022</u>				
Sign Here	Date				

B0674-2061 01/06/2022 2:38 PM Received by ID Secretary of State Lawrence Denney