



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 #: 0005194813

Date Filed: 4/11/2023 11:12:14 AM

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	Professional Limited Liability Company				
Entity name	Kaki Tipler Therapy, PLLC				
Profession					
The business is organized to practice the profession of: Social Work					
2. The complete street address of the principal office is:					
Principal Office Address	8681 S 2000 W VICTOR, ID 83455				
3. The mailing address of the principal office is:					
Mailing Address	1925 BRYAN DR VICTOR, ID 83455-5065				
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				
<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>Sarah K Tipler</td><td>1925 BRYAN DRIVE VICTOR, ID 83455</td></tr></tbody></table>		Name	Address	Sarah K Tipler	1925 BRYAN DRIVE VICTOR, ID 83455
Name	Address				
Sarah K Tipler	1925 BRYAN DRIVE VICTOR, ID 83455				
Signature of Organizer					
Sign Here	Date 4/11/23				
Print & Mail Enclosures					
<input checked="" type="checkbox"/> I understand the document can ONLY be filed if the following items are included: Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of State, signed and recently dated. This filing form (submit within 30 days) with the required signature(s). If you are submitting a correction, return the correction letter with your updated document.					



STATEMENT OF DOMESTICATION

1. Name, jurisdiction and type of the domesticating entity:

Name: Kaki Tipler Therapy, PLLC

Jurisdiction: Washington D.C.

Type of Entity: PLLC

2. Name, jurisdiction and type of the domesticated entity:

Name: Kaki Tipler Therapy, PLLC

Jurisdiction: Idaho

Type of Entity: PLLC

3. Effective date of domestication:

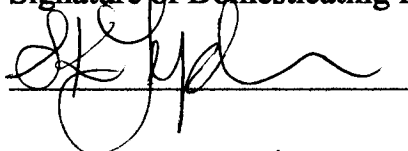
Upon filing or

Date: _____

(This date may not be more than ninety (90) days after the date of filing.)

4. the domesticating entity is a foreign entity, and the domestication is approved in accordance with the law of its jurisdiction of organization.
5. the domesticated entity is a domestic filing entity and the text of its public organic document is shown in the document attached to this statement of domestication.

Signature of Domesticating Entity:



Sarah Katherine Tipler
Print name