



**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

0005194813  
 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)

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

I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

5. Governors

Name	Address
Sarah K Tipler	1925 BRYAN DRIVE VICTOR, ID 83455

Signature of Organizer:

Sign Here

4/11/23

Date

Print & Mail Enclosures

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

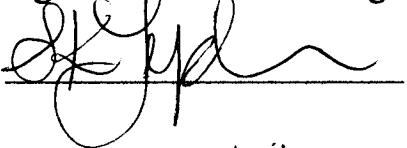
Date: \_\_\_\_\_

(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