







## 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 #: 0004538246

Date Filed: 12/22/2021 2:32:03 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		Eagle TMS Therapy LLC	
The complete street address of the principal office is:     Principal Office Address		20530 N SHEPERDS PIE WAY BOISE, ID 83714	
3. The mailing address of the principa	Il office is:		
Mailing Address		20530 N SHEPHERDS PIE WAY BOISE, ID 83714-1843	
4. Registered Agent Name and Addre	ess		
Registered Agent		REGISTERED AGENTS INC Commercial Registered Agent	
		Physical Address 784 S CLEARWATER LOOP ST POST FALLS, ID 83854	ER
		Mailing Address	
		784 S CLEARWATER LOOP ST POST FALLS, ID 83854	ER
☑ I affirm that the registered	ed agent appointed has consented t	o serve as registered agent for this e	ntity.
5. Governors			
Name		Address	
Laura Reis	20530 N SHEPERDS PIE V BOISE, ID 83714	20530 N SHEPERDS PIE WAY BOISE, ID 83714	
Signature of Organizer:			
Laura Reis			12/22/2021
Laura Reis			12/22/2021