



0004588449

**STATE OF IDAHO****Office of the secretary of state, Lawrence Denney  
FOREIGN REGISTRATION STATEMENT (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 #: 0004588449

Date Filed: 2/3/2022 1:02:04 PM

Foreign Registration Statement (Limited Liability Company)		
Select one: Standard, Expedited or Same Day Service (see descriptions below)		Expedited (+\$40; filing fee \$140)
1. The name this limited liability company will use in Idaho is:		
Type of Limited Liability Company	Foreign Limited Liability Company	
Entity name	Medigrade, LLC	
2. Home Jurisdiction		
The jurisdiction of formation is:	WYOMING	
3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:		
Street Address	ANDREW PIERCE - MEDIGRADE LLC 1309 COFFEEN AVENUE STE 4515 SHERIDAN, WY 82801	
4. The mailing address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:		
Mailing Address	ANDREW PIERCE - MEDIGRADE LLC 1309 COFFEEN AVENUE STE 4515 SHERIDAN, WY 82801	
5. The complete street address of the principal office is:		
Principal Office Address	MEDIGRADE LLC 135 N BRIDGE ST STE B SAINT ANTHONY, ID 83445	
6. The mailing address of the principal office is:		
Mailing Address	MEDIGRADE LLC 135 N BRIDGE ST STE B SAINT ANTHONY, ID 83445-1456	
7. Registered Agent Name and Address		
Registered Agent	Registered Agent Heriberto Paredes Physical Address: MEDIGRADE LLC 135 N BRIDGE ST STE B SAINT ANTHONY, ID 83445 Mailing Address: MEDIGRADE LLC 135 N BRIDGE ST STE B SAINT ANTHONY, ID 83445-1456	
<input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.		
8. Governors		
Name	Title	Address

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Heriberto Paredes	Manager	MEDIGRADE LLC 135 N BRIDGE ST STE B SAINT ANTHONY, ID 83445-1456
Tom Langeland	Manager	MEDIGRADE LLC 135 N BRIDGE ST STE B SAINT ANTHONY, ID 83445-1456

Signature of individual authorized by the entity to sign:

<i>Heriberto Paredes</i>	<i>02/03/2022</i>
Sign Here	Date

Job Title: Manager

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**Medigrade, LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **January 20, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001071992**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 3rd day of February, 2022 at 1:00 PM. This certificate is assigned ID Number 049678741.



  
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <https://wyobiz.wyo.gov> and following the instructions displayed under Validate Certificate.