





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 #: 0005605421

02/15/2024

Date

Date Filed: 2/15/2024 5:46:14 PM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below) | Expedited (+\$40; filing fee \$140) |
|--|--|
| 1. Limited Liability Company Name | |
| Type of Limited Liability Company | Professional Limited Liability Company |
| Entity name | Simpson Medical, PLLC |
| Profession | |
| The business is organized to practice the profession of: | Nursing |
| 2. The complete street address of the principal office is: | |
| Principal Office Address | 9891 W. M'REN ST |
| | BOISE, ID 83709-4723 |
| 3. The mailing address of the principal office is: | |
| Mailing Address | 9891 W MREN ST |
| | BOISE, ID 83709-4723 |
| 4. Registered Agent Name and Address | |
| Registered Agent | Registered Agent |
| | Lori J Simpson Physical Address: |
| | 9891 W. M'REN ST |
| | BOISE, ID 83709-4723 |
| | Mailing Address: |
| | 9891 W MREN ST |
| | BOISE, ID 83709-4723 |
| I affirm that the registered agent appointed has consented | ed to serve as registered agent for this entity. |
| | |
| 5. Governors | |
| 5. Governors Name | Address |
| Name | |
| | Address 9891 W. M'REN ST BOISE, ID 83709-4723 |
| Name | 9891 W. M'REN ST |

Signature of Organizer:

Sign Here

Charles Bryan Simpson