







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 #: 0004623451

Date Filed: 2/25/2022 1:26:06 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day S descriptions below)	Service (see St	tandard (filing fee \$100)	
1. Limited Liability Company Name			
Type of Limited Liability Company	Li	mited Liability Company	
Entity name	Tr	reasure Valley Brain Center LLC	
2. The complete street address of the principal office is:			
Principal Office Address		ATIE	
		19 W WYCLIFF DR	
	N	AMPA, ID 83686	
3. The mailing address of the principal office is:			
Mailing Address		ATIE	
		19 W WYCLIFF DR	
	IN	AMPA, ID 83686-8385	
Registered Agent Name and Address			
Registered Agent		egistered Agent	
		atie Solosabal	
		nysical Address: 19 W WYCLIFF DR	
		AMPA, ID 83686	
		ailing Address:	
		ATIĔ	
		19 W WYCLIFF DR	
	N _i	AMPA, ID 83686-8385	
☑ I affirm that the registered agent appointed h	as consented to serve	e as registered agent for this entity.	
5. Governors			
Name		Address	
James Solosabal		419 W WYCLIFF DR NAMPA, ID 83686	
Signature of Organizer:			
Katie Solosabal		02/25/2022	