







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 #: 0005947153

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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		Professional Limited Liability Company	
Entity name		Neuromed PLLC	
Profession			
The business is organized to practice the profession of:		Medicine	
2. The complete street address of the prin	cipal office is:		
Principal Office Address		208 12TH AVE RD	
		NAMPA, ID 83686	
3. The mailing address of the principal off	ce is:	45000 504 505 50	
Mailing Address		15682 ECLIPSE DR CALDWELL, ID 83607-8988	
4. Posistored Agent Name and Address			
Registered Agent Name and Address Registered Agent		Stephen H. Telford	
		Registered Agent	
		Physical Address	
		208 12TH AVENUE ROAD NAMPA, ID 83686	
		Mailing Address	
		208 12TH AVE RD NAMPA, ID 83686-5013	
☑ I affirm that the registered a	agent appointed has consented	I to serve as registered agent for this entity.	
5. Governors			
Name		Address	
Wade Harris	15682 ECLIPSE DR CALDWELL, ID 83607	15682 ECLIPSE DR CALDWELL, ID 83607-8988	
Signature of Organizer:			
Wade Harris		10/22/2024	