



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2018 JUN -7 AM 8:53

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the professional limited liability company is:

Lost River Wellness PLLC

2. The complete street and mailing addresses of the principal office is:

772 N Troutner Way Boise, ID 83712

(Street Address)

(Mailing Address, if different)

3. Name and street address of registered agent in Idaho:

Jeff Brown

772 N Troutner Way Boise, ID 83712

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Jeff Brown

772 N Troutner Way Boise, ID 83712

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):

772 N Troutner Way Boise, ID 83712

(Address)

6. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is:

Medicine



7. Signature of a manager, member, or an organizer.

Printed Name: **Jeff Brown**

Signature: 

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/07/2018 05:00

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