

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY (Instructions on back of application) | 1 JUL 21 | AM 9: 05

1.	The name of the limited liability com	npany is: SECRE RY OF STATE STATE OF IDAHO agnostic Doctor LLC	
2.	The complete street and mailing addresses of the initial designated/principal office: 11872 N Humphreys Way Boise ID 83714 (Street Address)		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Luke Keavney	11872 N Humphreys Way Boise ID 83714	
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	<u>Address</u>	
	Luke Keavney	11872 N Humphreys Way Boise ID 83714	
5 .	 Mailing address for future correspondence (annual report notices): 11872 N Humphreys Way Boise ID 83714 		
6.	6. Future effective date of filing (optional):		
_	nature of a manager, member or son.	authorized Secretary of State use only	
د: ۔	natura M. Manner	Journal of State and Strip	
Typed Name: Luke Keavney			
י אָר	bed Name.	IDAHO SECRETARY OF STATE 07/21/2011 05:00	
Sia	nature	CK: 1809 CT: 268859 BH: 1283413	
Typed Name:			

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