





## STATE OF IDAHO Office of the secretary of state, Phil McGrane FOREIGN REGISTRATION STATEMENT (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



File #: 0005653801

Date Filed: 3/19/2024 11:40:09 AM

	Foreign Registration Statement (Limited Liability Company) Select one: Standard, Expedited or Same Day Service (see descriptions below)		Standard (filing fee \$100)	
	The name this limited liability company will use in	Idaho is:		
	Type of Limited Liability Company		Foreign Limited Liability Company	
	Entity name		Combs Psychotherapy, L.L.C.	
	Combs Psychotherapy, L.L.C.			
	Home Jurisdiction			
	The jurisdiction of formation is:		WYOMING	
3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:				
	Street Address		1380 IVY LN. CASPER, WY 82609	
4.	The mailing address of its domestic principal offic	e (if required by the laws		
	Mailing Address		1380 IVY LN. CASPER, WY 82609	
F		- :		
5.	The complete street address of the principal office Principal Office Address	= 15.	784 S. CLEARWATER LOOP STE B	
			POST FALLS, ID 83854	
6.	The mailing address of the principal office is:			
	Mailing Address		784 S CLEARWATER LOOP	
	-		STE B	
			POST FALLS, ID 83854-9599	
7. Registered Agent Name and Address				
	Registered Agent		NORTHWEST REGISTERED AGENT LLC Commercial Registered Agent	
			Physical Address	
			784 S CLEARWATER LOOP STE B	
F N 7			POST FALLS, ID 83854	
			Mailing Address	
			784 S CLEARWATER LOOP STE B	
			POST FALLS, ID 83854	
	I affirm that the registered agent ap	pointed has consen	ted to serve as registered agent for this entity.	
8.	Governors			
	Name	Title	Address	
	Stephanie Combs	Member	784 S CLEARWATER LOOP	
			STE B	
			POST FALLS, ID 83854-9599	

Signature of individual authorized by the entity to sign:



Stephanie Combs	03/19/2024
Sign Here	Date

Job Title: Member

## STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

## Combs Psychotherapy, L.L.C.

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **January 18, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-000973773**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 19th day of March, 2024 at 11:20 AM. This certificate is assigned ID Number 071040111.



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Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.