







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 #: 0005693960

Date Filed: 4/16/2024 8:04:21 AM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same I descriptions below) | Day Service (see | Standard (filing fee \$100) | |
|---|--------------------|---|--|
| 1. Limited Liability Company Name | | | |
| Type of Limited Liability Company | | Limited Liability Company | |
| Entity name | | Finch and Fox Therapy Group LLC | |
| 2. The complete street address of the principal office is: Principal Office Address | | 3721 SOUTH WILLIAMSBURG WAY BOISE, ID 83706 | |
| 3. The mailing address of the principal office is: | | | |
| Mailing Address | | 3721 S WILLIAMSBURG WAY BOISE, ID 83706-5605 | |
| 1. Registered Agent Name and Address | | | |
| Registered Agent | | REGISTERED AGENTS INC Commercial Registered Agent | |
| | | Physical Address | |
| | | 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 | |
| | | Mailing Address | |
| | | 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 | |
| I affirm that the registered agent appoin | ited has consented | I to serve as registered agent for this entity. | |
| 5. Governors | | | |
| Name | | Address | |
| Chad Marcus Freeman | | 3721 SOUTH WILLIAMSBURG WAY BOISE, ID 83706 | |
| Signature of Organizer: | | | |
| Chad Marcus Freeman | | 04/16/2024 | |
| Sign Here | | Date | |