





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

-FILED-

File #: 0005317181

Date Filed: 7/19/2023 2:06:54 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 Entity name OnDemand Mobile Med, LLC	Foreign Limited Liability Company OnDemand Mobile Med, LLC
Home Jurisdiction The jurisdiction of formation is:	WASHINGTON
The street address of its domestic principal office (if required by the laws of the Street Address	e jurisdiction of formation) is: BRADLEY HILLIARD-LYTHGOE 784 S CLEARWATER LOOP STE F POST FALLS, ID 83854
The mailing address of its domestic principal office (if required by the laws of the Mailing Address)	he jurisdiction of formation) is: BRADLEY HILLIARD-LYTHGOE 506 N SULLIVAN RD STE F PMB 217 SPOKANE VLY, WA 99037-5438
5. The complete street address of the principal office is:	
Principal Office Address	BRADLEY HILLIARD-LYTHGOE 784 S CLEARWATER LOOP STE F POST FALLS, ID 83854
6. The mailing address of the principal office is: Mailing Address	BRADLEY HILLIARD-LYTHGOE 784 S CLEARWATER LOOP STE F POST FALLS, ID 83854-9599
7. Registered Agent Name and Address	
Registered Agent	ALL DAY \$49 IDAHO REGISTERED AGENT LLC Commercial Registered Agent Physical Address 784 S CLEARWATER LOOP STE F POST FALLS, ID 83854

8.	Governors	

Name	Title	Address
Bradley Hilliard-Lythgoe	Owner	16609 E DESMET CT APT J408 SPOKANE VALLEY, WA 99216-3570

☑ I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

Mailing Address

POST FALLS, ID 83854

784 S CLEARWATER LOOP STE F



Signature of individual authorized by the entity to sign:

Bradley Hilliard-Lythgoe	07/19/2023
Sign Here	Date

Job Title: OWNER



I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

ONDEMAND MOBILE MED, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 09/21/2022.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 07/11/2023 UBI Number: 604 973 070



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 07/11/2023