







## 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 -FILED-

-I ILLD

File #: 0005914649

Date Filed: 9/30/2024 11:12:34 AM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	IFMI Clinical, LLC
2. The complete street address of the principal office is:	
Principal Office Address	512 POLE LINE RD E
	STE 2
	TWIN FALLS, ID 83301
3. The mailing address of the principal office is:	
Mailing Address	512 POLE LINE RD
	STE 2 TWIN FALLS, ID 83301-6367
	TWINT ALES, ID 05501-0507
4. Registered Agent Name and Address	
Registered Agent	AARON B. BROWN Registered Agent
	Physical Address
	412 NICOLE DR
	JEROME, ID 83338
	Mailing Address
	412 NICOLE DR JEROME, ID 83338
■ I affirm that the registered agent appointed has consented	to serve as registered agent for this entity.

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Name	Address
Advanced Medical Services, PLLC	412 NICOLE DR. JEROME, ID 83338
M/R Medical Services, PLLC	1355 CLEARWATER WAY TWIN FALLS, ID 83301
Whole, PLLC	2146 FILER AVE E TWIN FALLS, ID 83301
Jonathan Muretisch DO, PLLC	799 NORTHVIEW DR. TWIN FALLS, ID 83301
Sure Health, PLLC	3893 N 3472 E KIMBERLY, ID 83341

Signature of Organizer:

Aaron Blaine Brown
Sign Here 09/30/2024
Date

