



0004574111

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***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 #: 0004574111

Date Filed: 1/18/2022 9:20:21 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	Professional Limited Liability Company				
Entity name	TraumaSmith PLLC				
Profession					
The business is organized to practice the profession of:	Medicine				
2. The complete street address of the principal office is:					
Principal Office Address	5084 SNOWBERRY LN. VICTOR, ID 83455				
3. The mailing address of the principal office is:					
Mailing Address	5084 SNOWBERRY LN VICTOR, ID 83455-4983				
4. Registered Agent Name and Address					
Registered Agent	Registered Agent Carla Smith, M.D., Ph.D. Physical Address: 5084 SNOWBERRY LN VICTOR, ID 83455-4983 Mailing Address: 5084 SNOWBERRY LN VICTOR, ID 83455-4983				
<input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.					
5. Governors					
<table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>Carla Smith M.D., Ph.D.</td><td>5084 SNOWBERRY LN VICTOR, ID 83455-4983</td></tr></tbody></table>		Name	Address	Carla Smith M.D., Ph.D.	5084 SNOWBERRY LN VICTOR, ID 83455-4983
Name	Address				
Carla Smith M.D., Ph.D.	5084 SNOWBERRY LN VICTOR, ID 83455-4983				
Signature of Organizer:					
<i>Brian J. Holleran, attorney-in-fact</i>	<i>01/18/2022</i>				
Sign Here	Date				

B0677-1219 01/18/2022 9:23 AM Received by ID Secretary of State Lawrence Denney