



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

**2017 NOV -2 AM 9:05**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the professional limited liability company is:

OPTIMAL HEALTH IDAHO PLLC

2. The complete street and mailing addresses of the principal office is:

1253 E COMMANDER ST, MERIDIAN, ID 83646

(Street Address)

(Mailing Address, if different)

3. Name and street address of registered agent in Idaho:

RYAN MOORE

1253 E COMMANDER ST, MERIDIAN, ID 83646

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

RYAN MOORE

1253 E COMMANDER ST, MERIDIAN, ID 83646

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):

1253 E COMMANDER ST, MERIDIAN, ID 83646

(Address)

6. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is:

Medicine

Secretary of State use only

IDAHO SECRETARY OF STATE

**11/02/2017 05:00**

EX:1184 CT:347886 BH:1610285  
1@ 100.00 = 100.00 PROF LLC #2

*W191426*

7. Signature of a manager, member, or an organizer.

Printed Name: RYAN MOORE

Signature: *[Signature]*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_