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-FILED-

File #: 0005383581

Date

Date Filed: 9/5/2023 2:44:54 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day descriptions below)	Service (see Expedited (+\$40; filing fee \$140)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Magic Valley Interpreting Services, LLC
2. The complete street address of the principal office is:	
Principal Office Address	124 MAIN AVE N
	STE 200
	TWIN FALLS, ID 83301
3. The mailing address of the principal office is:	
Mailing Address	P.O. BOX 1233
	TWIN FALLS, ID 83301
4. Registered Agent Name and Address	
Registered Agent	Registered Agent
	Susan Hilverda Physical Address:
	124 MAIN AVE N
	STE 200
	TWIN FALLS, ID 83301
	Mailing Address:
	SUSAN HILVERDA
	P.O. BOX 1233
	TWIN FALLS, ID 83303
I affirm that the registered agent appointed	has consented to serve as registered agent for this entity.
5. Governors	
Name	Address
Susan Hilverda	SUSAN HILVERDA
	P.O. BOX 1233
	TWIN FALLS, ID 83303
Signature of Organizer:	
Susan Hilverda	09/05/2023

Sign Here