

Signature: \_

Printed Name: \_\_\_

## **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

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The name of the professional	limited liability company is:	
Sunrise Ketamine	Clinic, PLLC	
The complete street and mailin	ng addresses of the principal office is	•
•		<b>).</b>
(Street Address)	, Idaho Falls, ID 83401	
(Othest Monoss)		
(Mailing Address, if different)		
Name and street address of re	gistered agent <u>in Idaho</u> :	
Todd Merkley	6875 E. Valv	erde St., Idaho Falls, ID 83401
(Name)	(Address)	
The paper and address of at l	ngat one governor of the limited light	lite company:
	ist one governor of the limited liability company: 6875 E. Valverde St., Idaho Falls, ID 83401	
Todd Merkley	<del>,</del>	erue St., Idano Falis, ID 6540 I
fueriel	(Address)	
(Name)	(Address)	
	·	
(Name)	(Address)	
Mailing address for future corr	espondence (annual report notices);	
	St., Idaho Falls, ID 834	01
(Address)		
The limited liability company is	e a professional company and the pr	incipal profession or professions for which members are
	ally authorized to render professiona	
Medicine		
		Secretary of State use only
Signature of a manager, r	nember, or an organizer.	
Dean J. Parker		IDAHO SECRETARY OF STATE
rinted Name:		01/24/2016 05:00
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Rev. 11/2017

CK:PREPAID CT:12945 BH:1622801 16 100.00 = 100.00 PROF LLC #2 16 20.00 = 20.00 EXPEDITE C #3

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