







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

For Office Use Only

-FILED-

File #: 0005734725

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Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Sedescriptions below)	ervice (see Standard (filling fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Teton Neuropsychology LLC
2. The complete street address of the principal office is:	
Principal Office Address	DR. CADY WILLIAMS 89 N. MAIN STREET #202 DRIGGS, ID 83422
3. The mailing address of the principal office is:	
Mailing Address	DR. CADY WILLIAMS 89 N MAIN ST # 202 DRIGGS, ID 83422-5141
4. Registered Agent Name and Address	
Registered Agent	Registered Agent CADY WILLIAMS
	Physical Address: 89 N. MAIN STREET #202 DRIGGS, ID 83422
	Mailing Address:
	89 N MAIN ST # 202 DRIGGS, ID 83422-5141
I affirm that the registered agent appointed has	as consented to serve as registered agent for this entity.
5. Governors	
Name	Address
Cady Williams	89 N. MAIN STREET #202 DRIGGS, ID 83422
Signature of Organizer:	
Cady Williams	05/10/2024
Sign Here	Date