







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 #: 0006164493

03/19/2025

Date

Date Filed: 3/19/2025 7:55:19 AM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service descriptions below)	e (see Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Provider Peptides LLC
2. The complete street address of the principal office is:	
Principal Office Address	SHAWN CAULEY 1323 GOLDENROD DRIVE NAMPA, ID 83686
3. The mailing address of the principal office is:	
Mailing Address	SHAWN CAULEY 1323 GOLDENROD DR
	NAMPA, ID 83686-7154
4. Registered Agent Name and Address	D 11 14 1
Registered Agent	Registered Agent Shawn Cauley
	Physical Address:
	1323 GOLDENROD DR
	NAMPA, ID 83686-7154
	Mailing Address: 1323 GOLDENROD DR
	NAMPA, ID 83686-7154
I affirm that the registered agent appointed has co	nsented to serve as registered agent for this entity.
Name	Address
1	323 GOLDENROD DR IAMPA, ID 83686-7154
	323 GOLDENROD DR IAMPA, ID 83686-7154

Signature of Organizer:

Sign Here

Thomas G. Walker