





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 #: 0006228121

Date Filed: 5/2/2025 3:23:44 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same I descriptions below)	Day Service (see	Standard (filing fee \$100)	
1. Limited Liability Company Name			
Type of Limited Liability Company		Limited Liability Company	
Entity name		CP Med Travel LLC	
2. The complete street address of the principal office is:			
Principal Office Address		1505 MAIN STREET	
		SALMON, ID 83467	
3. The mailing address of the principal office is:			
Mailing Address		1505 MAIN ST	
		SALMON, ID 83467-4414	
4. Registered Agent Name and Address			
Registered Agent		Registered Agent	
		Colleen I Miller	
		Physical Address: 1505 MAIN ST	
		SALMON, ID 83467-4414	
		Mailing Address:	
		1505 MAIN ST	
		SALMON, ID 83467-4414	
☑ I affirm that the registered agent appoint	ted has consented	to serve as registered agent for this entity.	
5. Governors			
Name		Address	
Colleen I Miller	1505 MAIN	ISTREET	
SALMON			
L			
Signature of Organizer:			
Colleen I Miller		05/02/2025	
Concert I Pillier		,,	