







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney 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 #: 0004783283

Date

Date Filed: 6/14/2022 11:05:27 AM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same descriptions below) | e Day Service (see | Standard (filing fee \$100) | |
|---|--|---|--|
| 1. Limited Liability Company Name | | | |
| Type of Limited Liability Company | | Limited Liability Company | |
| Entity name | | iSpeak Therapy, LLC | |
| The complete street address of the principal office i Principal Office Address | s: | SAMANTHA CORBRIDGE, MS CCC-SLP 1897 ALTURAS DR. N. TWIN FALLS, ID 83301-4906 | |
| 3. The mailing address of the principal office is: | | | |
| Mailing Address | | SAMANTHA CORBRIDGE, MS, CCC-SLP 1897 ALTURAS DR TWIN FALLS, ID 83301-4906 | |
| 4. Registered Agent Name and Address | | | |
| Registered Agent I affirm that the registered agent appoint | pinted has consented | Registered Agent Samantha Corbridge Physical Address: SAMANTHA CORBRIDGE MS. CCC-SLP 1897 ALTURAS DR. N. TWIN FALLS, ID 83301-4906 Mailing Address: SAMANTHA CORBRIDGE MS, CCC-SLP 1897 ALTURAS DR TWIN FALLS, ID 83301-4906 to serve as registered agent for this entity. | |
| 5. Governors | | | |
| Name | Address | | |
| Samantha Corbridge | SAMANTHA CORBRIDGE MS. CCC-SLP 1897 ALTURAS DR. N. TWIN FALLS, ID 83301-4906 | | |
| Signature of Organizer: | | | |
| Samantha W. Corbridge | | 06/14/2022 | |

Sign Here