





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-

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Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day S descriptions below)	ervice (see Standard (filing fee \$100)
1. Limited Liability Company Name	- 4
Type of Limited Liability Company	Professional Limited Liability Company
Entity name	Summit Psychiatry and Family Wellness PLLC
Profession The business is organized to practice the profess	ion of: Medicine
2. The complete street address of the principal office is:	
Principal Office Address	217 WEST GEORGIA AVE
	120 NAMPA, ID 83686
	14 1411 7 1, 12 00000
The mailing address of the principal office is: Mailing Address	BILL LOVELAND
Mailing Address	217 W GEORGIA AVE
	STE 120
	NAMPA, ID 83686-6812
4. Registered Agent Name and Address	
Registered Agent	Registered Agent
	William Loveland Physical Address:
	WILLIAM LOVELAND
	1828 S MILLENNIUM WAY
	300 MEDIDIAN ID 93643
	MERIDIAN, ID 83642 Mailing Address:
	WILLIAM LOVELAND
	1828 S MILLENIUM WAY
	STE 300
	MERIDIAN, ID 83642-5036
I affirm that the registered agent appointed ha	as consented to serve as registered agent for this entity.
5. Governors	
Name	Address
William Loveland	VILLIAM LOVELAND
	828 S MILLENNIUM WAY
	00 AEDIDIAN ID 92642
	MERIDIAN, ID 83642

Signature of Organizer:

William Loveland

Sign Here

10/24/2024

Date