







## 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 #: 0006019868

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Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below)		Standard (filing fee \$100)	
1. Limited Liability Company Nam	e		
Type of Limited Liability Company		Limited Liability Company	
Entity name		Cochlear Evangelist LLC	
2. The complete street address o	f the principal office is:		
Principal Office Address		2090 EAST ISLAND COVE LANE EAGLE, ID 83616	
3. The mailing address of the prin	cipal office is:		
Mailing Address		2090 E ISLAND COVE LN EAGLE, ID 83616-6944	
4. Registered Agent Name and A	ddress		
Registered Agent		Registered Agent	
		Lori Korab	
		Physical Address:	
		COCHLEAR EVANGELIST	
		2090 EAST ISLAND COVE LANE EAGLE, ID 83616	
		Mailing Address:	
		COCHLEAR EVANGELIST	
		2090 E ISLAND COVE LN	
		EAGLE, ID 83616-6944	
I affirm that the regis	tered agent appointed has consented	to serve as registered agent for this entity.	
Name		Address	
Lori Korab	COHCLEAR EVANGELIST 2090 EAST ISLAND COVE LA EAGLE, ID 83616	2090 EAST ISLAND COVE LANE	
Signature of Organizer:			
Lori Korab		12/10/2024	