

# STATEMENT OF CONVERSION

Pursuant to § 30-22-405, Idaho Code

Base Filing fee: \$30.00 + \$20.00 for manual processing (form must be t

File #: 0004336153 **(<u>þea</u>).** Date Filed: 6/24/2021 3:31:00 PM

For Office Use Only

-FILED-

# Note: Conversion documents are complex. Please seek appropriate legal and/or financial advice before making this important business decision.

## 1. CONVERTING ENTITY:

# Name: Pamela J. McDougle Nutritional Consultant, LTD

Jurisdiction: Idaho

## Type: Idaho General Business Corporation

(Corporation, Limited Liability Company, Limited Partnership, etc. )

This is a domestic entity, and this plan of conversion was approved in accordance with § 30-22-403, Idaho Code.

This is a foreign entity, and this plan of conversion was approved in accordance with the law of its jurisdication of formation.

#### 2. CONVERTED ENTITY:

Name: McDougle Nutritional Consulting LLC

Jurisdiction: Idaho

Type: Limited Liability Company

(Corporation, Limited Liability Company, Limited Partnership, etc...)

a. If this is a domestic entity or domestic limited liability partnership, please attach a copy of the entity's public organic record, or statement of qualification.

b. If this is a foreign entity please designate a registered agent in the space provided:

Registeriul Agent Norve & Physical Address

## 3. EFFECTIVE DATE OF CONVERSION:

• Effective upon filing

O Effective on future date:

(Enter date - not more than 90 days in the future)

Printed Name: Pamela J. McDougle	
Capacity: Director	
Signature:	

Secretary of State use only





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ALC: NO	

# 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

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Se descriptions below)	ervice (see Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	McDougle Nutritional Consulting LLC
2. The complete street address of the principal office is:	
Principal Office Address	PAMELA J MCDOUGLE 6225 WEST HOLLILYNN DRIVE BOISE, ID 83709
3. The mailing address of the principal office is:	
Mailing Address	PAMELA J MCDOUGLE
	6225 W HOLLILYNN DR BOISE, ID 83709-7236
4. Registered Agent Name and Address	
Registered Agent	Registered Agent
	Pamela J McDougle Physical Address:
	6225 WEST HOLLILYNN DRIVE
	BOISE, ID 83709
	Mailing Address:
	6225 W HOLLILYNN DR BOISE, ID 83709-7236
I affirm that the registered agent appointed ha	as consented to serve as registered agent for this entity.
Name	Address
Pamela J McDougle	6225 WEST HOLLILYNN DRIVE BOISE, ID 83709
Signature of Organizer:	
	6-24-2021
Sign Here	Date
Print & Mail Enclosures	
I understand the document can ONLY be filed	I if the following items are included:
Payment in the amount of \$100.00 (if expedited State, signed and recently dated.	I, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of
This filing form (submit within 30 days) with the	required signature(s).
If you are submitting a correction, return the cor	rection letter with your updated document.