







## STATE OF IDAHO

Office of the secretary of state, Lawerence Denney STATEMENT OF QUALIFICATION OF LIMITED **LIABILITY PARTNERSHIP** 

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

Filing Fee: \$100.00 - Make Checks Payable to Secretary of State

For Office Use Only

-FILED-

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Statement of Qualification of Limited Liability Partnership  Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$100)
Limited Liability Partnership Name	
Type of Limited Liability Partnership	Limited Liability Partnership
Entity name	revIVe By Doctors' House Calls, LLP
Limited Liability Partnership Designation	
By checking this box and filing this document with the Secretiability partnership.	etary of State, the partnership named herein elects to be a limited
The complete street address of the principal office is:	
Principal Office Address	CODY FRESTON
	1552 N CRESTMONT DR STE B MERIDIAN, ID 83642
The mailing address of the principal office is:	
Mailing Address	CODY FRESTON
	1552 N CRESTMONT DR
	STE B MERIDIAN, ID 83642-2193
Street address of an office in this State:	
Address	CODY FRESTON
	1552 N CRESTMONT DR STE B
	MERIDIAN, ID 83642
Registered Agent Name and Address	
Registered Agent	Registered Agent
	Cody Freston Physical Address:
	CODY FRESTON
	1552 N CRESTMONT DR STE B
	MERIDIAN, ID 83642
	Mailing Address:
	CODY FRESTON
	1552 N CRESTMONT DR
	STE B MERIDIAN, ID 83642-2193
	MERIDIAN, ID 03042-2193
☑ I affirm that the registered agent appointed has consented t	o serve as registered agent for this entity.
6. Signature of individual authorized by partners to sign:	
Cody M. Freston	09/08/2021
Sign Here	
<del></del>	240
Job Title: Partner	