



0005561285

**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 #: 0005561285

Date Filed: 1/13/2024 10:29:18 AM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below)					
1. Limited Liability Company Name Type of Limited Liability Company Entity name					
Professional Limited Liability Company RESTORE IV THERAPY PLLC					
Profession The business is organized to practice the profession of:					
Medicine					
2. The complete street address of the principal office is: Principal Office Address					
1344 CODY COURT TWIN FALLS, ID 83301					
3. The mailing address of the principal office is: Mailing Address					
1344 CODY CT TWIN FALLS, ID 83301-3290					
4. Registered Agent Name and Address Registered Agent					
Registered Agent Jacob C Larsen Physical Address: 1344 CODY COURT TWIN FALLS, ID 83301 Mailing Address: 1344 CODY CT TWIN FALLS, ID 83301-3290					
<input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.					
5. Governors					
<table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>Jacob C Larsen</td><td>1344 CODY COURT TWIN FALLS, ID 83301</td></tr></tbody></table>		Name	Address	Jacob C Larsen	1344 CODY COURT TWIN FALLS, ID 83301
Name	Address				
Jacob C Larsen	1344 CODY COURT TWIN FALLS, ID 83301				
Signature of Organizer:					
<i>Jacob C Larsen</i>					
Sign Here	01/13/2024 Date				