



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

**-FILED-**

File #: 0004821449

Date Filed: 7/12/2022 10:06:00 AM

1. The name of the limited liability company is:

**Maple Grove Surgical, LLC**

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

**8955 W. Hackamore Drive Boise, ID 83709**

(Street Address)

(Mailing Address, if different)

3. The name and complete street address of the registered agent:

**Maple Grove Eyecare, PC**

**8955 W. Hackamore Dr Boise, ID 83709**

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

**Matthew D. Neale**

**8955 W. Hackamore Dr Boise, ID 83709**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):

**8955 W. Hackamore Dr. Boise, ID 83709**

(Mailing Address)

Signature of organizer(s).

Printed Name: **Matthew D. Neale, MD**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only