





Office of the secretary of state, Phil McGrane
CERTIFICATE OF ORGANIZATION LIMITED
LIABILITY COMPANY

PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

File #: 0006069124

Date

Date Filed: 1/13/2025 3:57:20 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day descriptions below)	y Service (see Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Citrine Tympanogen Series A, LLC
The complete street address of the principal office is:     Principal Office Address	PATRICIA REMACLE 12023 CREEKBEND DRIVE RESTON, VA 20194
3. The mailing address of the principal office is:	
Mailing Address	ATTENTION: % LOON CREEK CAPITAL PO BOX 6088 BOISE, ID 83707-6088
4. Registered Agent Name and Address	
Registered Agent	LOON CREEK CAPITAL GROUP, LLC Registered Agent
	Physical Address
	222 N 13TH ST BOISE, ID 83702
	Mailing Address
	PO BOX 6088 BOISE, ID 83707-6088
I affirm that the registered agent appointed	d has consented to serve as registered agent for this entity.
5. Governors	
Name	Address
Patricia Remacle	12023 CREEKBEND DRIVE RESTON, VA 20194
Signature of Organizer:	
Michelle Broadhead	01/13/2025

Sign Here