







## 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 #: 0005643862

Date Filed: 3/11/2024 3:16:27 PM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Dadescriptions below) | y Service (see  | Standard (filing fee \$100)               |                 |
|---|-----------------|---|-----------------|
| 1. Limited Liability Company Name   |                 |   |                 |
| Type of Limited Liability Company   |                 | Limited Liability Company                 |                 |
| Entity name   |                 | TopGun Ortho LLC.                         |                 |
| 2. The complete street address of the principal office is:  |                 |   |                 |
| Principal Office Address  |                 | GUNNAR SEEFELD                            |                 |
|   |                 | 3936 N PATRICIA LANE<br>BOISE, ID 83704   |                 |
| O. The wealth and delegate of the unit size of effect in  |                 |   |                 |
| The mailing address of the principal office is:     Mailing Address   |                 | GUNNAR SEEFELD                            |                 |
| Mailing / Natiood   |                 | 3936 N PATRICIA LN                        |                 |
|   |                 | BOISE, ID 83704-4237                      |                 |
| 4. Registered Agent Name and Address  |                 |   |                 |
| Registered Agent  |                 | Registered Agent                          |                 |
|   |                 | Gunnar Seefeld                            |                 |
|   |                 | Physical Address:<br>3936 N PATRICIA LANE |                 |
|   |                 | BOISE, ID 83704                           |                 |
|   |                 | Mailing Address:                          |                 |
|   |                 | GUNNAR SEEFELD                            |                 |
|   |                 | 3936 N PATRICIA LN                        |                 |
|   |                 | BOISE, ID 83704-4237                      |                 |
| I affirm that the registered agent appointed  | d has consented | d to serve as registered agent f          | or this entity. |
| 5. Governors  |                 |   |                 |
| Name  | Address         |   |                 |
| Gunnar Seefeld  | 3936 N PATE     | RICIA LANE                                |                 |
|   | BOISE, ID 83    | BOISE, ID 83704                           |                 |
| Signature of Organizer:   |                 |   |                 |
|   |                 |   | 02/11/2024      |
| Gunnar Seefeld  |                 |   | 03/11/2024      |