



# **CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY**

(Instructions on back of application)

11 NOV 18 AM 10:57

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the professional limited liability company is:

Treasure Valley Natural Medicine, PLLC

2. The complete street and mailing addresses of the initial designated office:

344 S. Latah St. #202, Boise ID 83705

(Street Address)

(Mailing Address, if different than street address)

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

Laura E. Glenn

(Name)

344 S. Latah St. #202, Boise ID 83705

(Street Address)

4. The name and address of at least one member or manager of the professional limited liability company:

**Name**

**Address**

Laura E. Glenn

344 S. Latah St. #202, Boise ID 83705

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

344 S. Latah St. #202, Boise ID 83705

6. Future effective date of filing (optional): \_\_\_\_\_

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: Medicine

Signature of a manager, member or authorized person.

Signature Laura E. Glenn

Typed Name: Laura E. Glenn

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
11/18/2011 05:00  
CK: 582 CT: 264270 BH: 1298607  
1 @ 100.00 = 100.00 PROF LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

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