







For Office Use Only

-FILED-

File #: 0005747221

05/24/2024

Date

Date Filed: 5/24/2024 11:49:14 AM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Sedescriptions below)	ervice (see Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Reveal 3D/4D Mobile Ultrasound LLC
2. The complete street address of the principal office is:	
Principal Office Address	2073 MAPLE AVE TWIN FALLS, ID 83301
3. The mailing address of the principal office is:	
Mailing Address	2073 MAPLE AVE TWIN FALLS, ID 83301-6774
4. Registered Agent Name and Address	
Registered Agent	Registered Agent Molly E Watkins Physical Address: 2073 MAPLE AVE TWIN FALLS, ID 83301 Mailing Address: 2073 MAPLE AVE TWIN FALLS, ID 83301-6774
I affirm that the registered agent appointed has consented to serve as registered agent for this entity.	
5. Governors	
Name	Address

2073 MAPLE AVE TWIN FALLS, ID 83301

Molly E Watkins

Signature of Organizer:

Molly Watkins

Sign Here