



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

2018 AUG 22 PM 1:56

SECRETARY OF STATE  
STATE OF IDAHO

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

**Corine's Advanced Renewal Medicine LLC**

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

**633 N. 4th St. Boise, ID 83702**

(Street Address)

**3800 W Perugia St. D104 Meridian, ID 83642**

(Mailing Address, if different)

3. Name and street address of registered agent in Idaho:

**Corine Faught**

**3800 W Perugia St. D104 Meridian, ID 83642**

(Name)

(Address)

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

**Corine Faught**

**3800 W Perugia St. D104 Meridian, ID 83642**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

**3800 W Perugia St. D104 Meridian, ID 83642**

(Address)

6. 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**

7. Signature of a manager, member, or an organizer.

Printed Name: **Corine Faught**

Signature:

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

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

Rev. 11/2017

Secretary of State use only

IDAHO SECRETARY OF STATE

08/22/2018 05:00

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