



0005613766

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$100.00 - Make Checks Payable to Secretary of State

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File #: 0005613766

Date Filed: 2/26/2024 6:01:40 PM

Statement of Qualification of Limited Liability Partnership	
Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$100)
Limited Liability Partnership Name	
Type of Limited Liability Partnership	Professional Limited Liability Partnership
Entity name	CM PSYCHIATRY PLLP
Limited Liability Partnership Designation	
<input checked="" type="checkbox"/> By checking this box and filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.	
Profession	
The business is organized to practice the profession of:	Medicine
The complete street address of the principal office is:	
Principal Office Address	7532 S WAGONS WEST AVE BOISE, ID 83716
The mailing address of the principal office is:	
Mailing Address	7532 S WAGONS WEST AVE BOISE, ID 83716-5109
Street address of an office in this State:	
Address	None
Registered Agent Name and Address	
Registered Agent	Registered Agent CARLIE MANCINI Physical Address: 7532 S WAGONS WEST AVE BOISE, ID 83716 Mailing Address: 7532 S WAGONS WEST AVE BOISE, ID 83716-5109
<input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.	
6. Signature of individual authorized by partners to sign:	
<u>CARLIE MANCINI</u>	<u>02/26/2024</u>
Sign Here	Date
Job Title: OWNER	

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