







STATE OF IDAHO Office of the secretary of state

Office of the secretary of state, Lawerence Denney 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-

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| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Servic descriptions below) | e (see Standard (filing fee \$100) |
|--|--|
| 1. Limited Liability Company Name | |
| Type of Limited Liability Company | Professional Limited Liability Company |
| Entity name | Idaho Falls Employment Health Clinic, PLLC |
| Profession | |
| The business is organized to practice the profession of | f: Medicine |
| 2. The complete street address of the principal office is: | |
| Principal Office Address | 2539 CHANNING WAY |
| | STE 260 IDAHO FALLS, ID 83404-7558 |
| | IDANO FALES, ID 85404-7558 |
| 3. The mailing address of the principal office is: | D.M. DODEN M.D. |
| Mailing Address | D.M. BOREN, M.D. 1637 WESTWOOD ST |
| | IDAHO FALLS, ID 83402-3101 |
| 4. Registered Agent Name and Address | |
| Registered Agent | REGISTERED AGENTS INC |
| rtogistorou / tgorit | Commercial Registered Agent |
| | Physical Address |
| | 784 S CLEARWATER LOOP STE R |
| | POST FALLS, ID 83854 |
| | Mailing Address |
| | 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 |
| ☐ I affirm that the registered agent appointed has co | onsented to serve as registered agent for this entity. |
| 5. Governors | |
| Name | Address |
| DAVID M BOREN | 1637 WESTWOOD ST IDAHO FALLS, ID 83402 |
| Signature of Organizer: | |
| | |
| DAVID M. BOREN, M.D. | 09/14/2021 |
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