

Signature: _

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 2017 MAY 26 AM 8: 52

SECRETARY OF STATE

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|--------------------------------|---|---|--|
| The name of the professiona | il limited liability company is: | | |
| Relationship Restoration | ns, PLLC | | |
| <u>'</u> | · · · · · · · · · · · · · · · · · · · | | |
| The complete street and mai | ling addresses of the principal office | e is: | |
| 4640 Stanfield Lane Ida | iho Falls, ID 83404 | | |
| (Street Address) | | | |
| (Making Address, if different) | | | |
| Name and street address of | registered agent <u>in Idaho</u> : | | |
| Zak Warren | 4640 Stanfield I | 4640 Stanfield Lane Idaho Falls, ID 83404 | |
| (Name) | (Address) | | |
| The name and address of at | least one governor of the limited lial | hility company: | |
| Zak Warren | 4640 Stanfield Lane Idaho Falls, ID 83404 | | |
| (Namo) | (Address) | | |
| | • | | |
| (Name) | (Address) | | |
| | | | |
| (Name) | (Address) | | |
| Mailing address for future cor | rrespondence (annual report notices | s): | |
| 4640 Stanfield Lane Ida | · | , | |
| (Address) | | | |
| | | | |
| The limited liability company | is a professional company, and the | principal profession or professions for which members are | |
| and liceused of otherwise lef | gally authorized to render profession | nai services is: | |
| | Medicine | | |
| | | Secretary of State use only | |
| Signature of a manager, | member, or an organizer. | | |
| inted Name: Zak Warren | | IDAHO SECRETARY OF STATE | |
| mod Hallie. | 1 1 | 05/26/2017 05:00 CK:3268 CT:340240 BH:1586043 | |
| gnature: | 1h | 1@ 100.00 = 100.00 PROF LLC #2 | |
| | <u>-</u> | | |
| nted Name: | | VK1/02982 | |

Rev. 08/2015