





Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

## -FILED-

File #: 0005747926

Date Filed: 5/26/2024 12:28:06 AM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Sam- descriptions below)	e Day Service (see	Expedited (+\$40; filing fee \$140)
1. Limited Liability Company Name		
Type of Limited Liability Company		Limited Liability Company
Entity name		Prothesis, LLC
2. The complete street address of the principal office i	s:	
Principal Office Address		JOHN UNGER
		3288 E. LOOKOUT DR.
		214
		COEUR D' ALENE, ID 83815
3. The mailing address of the principal office is:		
Mailing Address		JOHN UNGER
		3288 E LOOKOUT DR # 214 COEUR D ALENE, ID 83815-9578
Registered Agent Name and Address		,
Registered Agent Registered Agent		BRADLEY SHAW
Registered Agent		Registered Agent
		Physical Address
		3288 E. LOOKOUT DR
		COEUR D'ALENE, ID 83815
		Mailing Address
		PO BOX 2432
		COEUR D ALENE, ID 83816-2432
I affirm that the registered agent appo	pinted has consented	I to serve as registered agent for this entity.
Name	Address	
John P Unger	19510 E KALAMA AVE LIBERTY LAKE, WA 99016	
Signature of Organizer:		
John P. Unger		05/25/2024
Sign Here		Date