



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2015 JAN -7 PM 12: 55

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Alpine Wellness Clinic, PLLC

2. The complete street and mailing addresses of the initial designated office:

211 N. 3rd Street

(Street Address)

Boise ID 83702

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Tamara C. Sandmeyer

(Name)

3222 Acre Lane Boise ID 83704

(Street Address)

4. The name and address of at least one member or manager of the professional limited liability company:

Name

Address

Tamara C. Sandmeyer

3222 Acre Lane Boise ID 83704

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

3222 Acre Lane Boise ID 83704

6. Future effective date of filing (optional):

7. 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: Nursing

Signature of a manager, member or authorized person.

Signature

Tamara C. Sandmeyer

Typed Name: Tamara C. Sandmeyer

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/07/2015 05:00

CK:2479638 CT:172099 BH:1456019

10 100.00 = 100.00 PROF LLC #2

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