



0005955959

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***FOREIGN REGISTRATION STATEMENT (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-**

File #: 0005955959

Date Filed: 11/1/2024 9:31:40 AM

Foreign Registration Statement (Limited Liability Company)

Select one: Standard, Expedited or Same Day Service (see descriptions below) Standard (filing fee \$100)

1. The name this limited liability company will use in Idaho is:

Type of Limited Liability Company

Foreign Professional Limited Liability Company

Entity name

AT YOUR SERVICE PSYCHIATRY, PLLC

AT YOUR SERVICE PSYCHIATRY, PLLC

Profession

The business is organized to practice the profession of:

Psychology

2. Home Jurisdiction

The jurisdiction of formation is:

ILLINOIS

3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

Street Address

1425 N MCLEAN BLVD STE 700
ELGIN, IL 60123

4. The mailing address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

Mailing Address

1425 N MCLEAN BLVD
STE 700
ELGIN, IL 60123-5724

5. The complete street address of the principal office is:

Principal Office Address

1425 N MCLEAN BLVD STE 700
ELGIN, IL 60123

6. The mailing address of the principal office is:

Mailing Address

1425 N MCLEAN BLVD STE 700
ELGIN, IL 60123

7. Registered Agent Name and Address

Registered Agent

REGISTERED AGENTS INC
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 consented to serve as registered agent for this entity.

8. Governors

Name	Title	Address
Allison Sikorsky	MANAGER	1425 N MCLEAN BLVD STE 700 ELGIN, IL 60123-5724

Signature of individual authorized by the entity to sign:



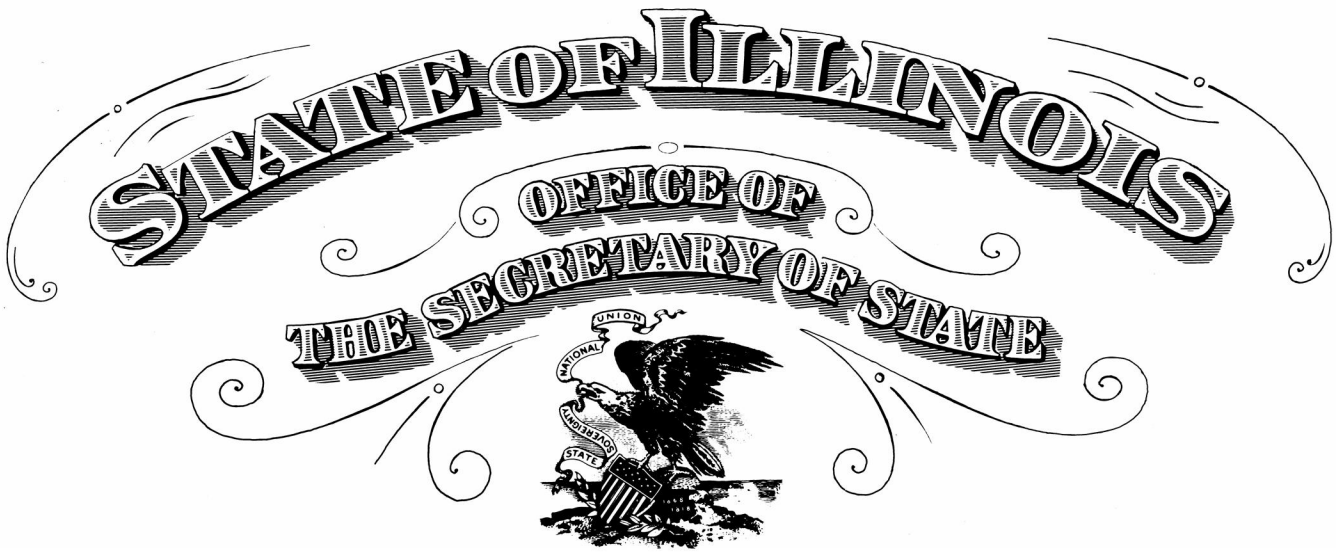
Allison Sikorsky

Sign Here

11/01/2024

Date

Job Title: MANAGER



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

AT YOUR SERVICE PSYCHIATRY, PLLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 30, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of OCTOBER A.D. 2024 .

Authentication #: 2428501394 verifiable until 10/11/2025

Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas

SECRETARY OF STATE