





Office of the secretary of state, Phil McGrane **CERTIFICATE OF ORGANIZATION LIMITED**

PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0005370644

Date Filed: 8/24/2023 7:11:22 AM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below)		Standard (filing fee \$100)	
1. Limited Liability Company Name			
Type of Limited Liability Company		Professional Limited Liability Company	
Entity name		Original Skin, PLLC	
Profession			
The business is organized to practice the profession of:		Medicine	
2. The complete street address of the principal office is	:		
Principal Office Address		JONI SHRIVER	
		12698 W. SCOTFIELD ST	
		BOISE, ID 83713	
3. The mailing address of the principal office is:		(2202 IV COOTEIE DOT	
Mailing Address		12698 W. SCOTFIELD ST BOISE, ID 83713	
		BOIGE, ID 007 10	
4. Registered Agent Name and Address		D. Chand Area	
Registered Agent		Registered Agent Joni Shriver	
		Physical Address:	
		12698 W. SCOTFIELD ST	
		BOISE, ID 83713	
		Mailing Address:	
		12698 W. SCOTFIELD ST BOISE, ID 83713	
I affirm that the registered agent appo	inted has consented	·	or this entity.
Name	Address		
John Graham	12698 W. SCOTFIELD ST BOISE, ID 83713		
	·		
Signature of Organizer:			
Joni Shriver			08/24/2023
Sign Here			Date