





STATE OF IDAHO

Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION 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 #: 0005026574

Date Filed: 12/11/2022 2:18:06 PM

1. Limited Liability Company Name Type of Limited Liability Company Entity name Hilary Shontz, IEP Coach LLC 2. The complete street address of the principal office is: Principal Office Address HILARY SHONTZ, IEP COACH 1465 FIELDSTREAM WAY #601 TWIN FALLS, ID 83301 3. The mailing address of the principal office is: Mailing Address HILARY SHONTZ, IEP COACH 1465 FIELDSTREAM WAY # 601 TWIN FALLS, ID 83301 4. Registered Agent Name and Address Registered Agent Hilary Simms Physical Address: HILARY SHONTZ, IEP COACH 1465 FIELDSTREAM WAY #601 TWIN FALLS, ID 83303 Mailing Address: HILARY SHONTZ, IEP COACH 1465 FIELDSTREAM WAY #601 TWIN FALLS, ID 83301 I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name Address HILARY SHONTZ, IEP COACH 1465 FIELD STREAM WAY HILARY SHONTZ, IEP COACH	Standard (filing fee \$100)	Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (s descriptions below)
Entity name Hilary Shontz, IEP Coach LLC 2. The complete street address of the principal office is: Principal Office Address HILARY SHONTZ, IEP COACH 1465 FIELDSTREAM WAY #601 TWIN FALLS, ID 83301 3. The mailing address of the principal office is: Mailing Address HILARY SHONTZ, IEP COACH 1465 FIELDSTREAM WAY #601 TWIN FALLS, ID 83301 4. Registered Agent Name and Address Registered Agent Hilary Simms Physical Address: HILARY SHONTZ, IEP COACH 1465 FIELDSTREAM WAY #601 TWIN FALLS, ID 83303 Mailing Address: HILARY SHONTZ, IEP COACH 1465 FIELDSTREAM WAY #601 TWIN FALLS, ID 83301 I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name		. Limited Liability Company Name
2. The complete street address of the principal office is: Principal Office Address Principal Office Address HILARY SHONTZ, IEP COACH 1465 FIELDSTREAM WAY #601 TWIN FALLS, ID 83301 3. The mailing address of the principal office is: Mailing Address HILARY SHONTZ, IEP COACH 1465 FIELDSTREAM WAY # 601 TWIN FALLS, ID 83301 4. Registered Agent Name and Address Registered Agent Agent Hillary Simms Physical Address: HILARY SHONTZ, IEP COACH 1465 FIELDSTREAM WAY #601 TWIN FALLS, ID 83303 Mailing Address: HILARY SIMMS 1465 FIELDSTREAM WAY # 601 TWIN FALLS, ID 83301 I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name Address HILARY SHONTZ, IEP COACH 1465 FIELD STREAM WAY 601 TWIN FALLS, ID 83301	Limited Liability Company	Type of Limited Liability Company
Principal Office Address HILARY SHONTZ, IEP COACH 1465 FIELDSTREAM WAY #601 TWIN FALLS, ID 83301 3. The mailing address of the principal office is: Mailing Address HILARY SHONTZ, IEP COACH 1465 FIELDSTREAM WAY # 601 TWIN FALLS, ID 83301 4. Registered Agent Name and Address Registered Agent Agent Name and Address Registered Agent Hilary Simms Physical Address: HILARY SHONTZ, IEP COACH 1465 FIELDSTREAM WAY #601 TWIN FALLS, ID 83303 Mailing Address: HILARY SIMMS 1465 FIELDSTREAM WAY # 601 TWIN FALLS, ID 83301 I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name	Hilary Shontz, IEP Coach LLC	Entity name
1465 FIELDSTREAM WAY #601 TWIN FALLS, ID 83301 3. The mailing address of the principal office is: Mailing Address HILARY SHONTZ, IEP COACH 1465 FIELDSTREAM WAY # 601 TWIN FALLS, ID 83301 4. Registered Agent Name and Address Registered Agent Hilary Simms Physical Address: HILARY SHONTZ, IEP COACH 1465 FIELDSTREAM WAY #601 TWIN FALLS, ID 83303 Mailing Address: HILARY SHONTZ, IEP COACH 1465 FIELDSTREAM WAY # 601 TWIN FALLS, ID 83301 I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name		The complete street address of the principal office is:
3. The mailing address of the principal office is: Mailing Address HILARY SHONTZ, IEP COACH 1465 FIELDSTREAM WAY # 601 TWIN FALLS, ID 83301 4. Registered Agent Name and Address Registered Agent Hilary Simms Physical Address: HILARY SHONTZ, IEP COACH 1465 FIELDSTREAM WAY #601 TWIN FALLS, ID 83303 Mailing Address: HILARY SIMMS 1465 FIELDSTREAM WAY # 601 TWIN FALLS, ID 83301 I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name Address Hilary Shontz, IEP Coach HILARY SHONTZ, IEP COACH 1465 FIELD STREAM WAY 601 TWIN FALLS, ID 83301	1465 FIELDSTREAM WAY	Principal Office Address
Mailing Address HILARY SHONTZ, IEP COACH 1465 FIELDSTREAM WAY # 601 TWIN FALLS, ID 83301 4. Registered Agent Name and Address Registered Agent Hilary Simms Physical Address: HILARY SHONTZ, IEP COACH 1465 FIELDSTREAM WAY #601 TWIN FALLS, ID 83303 Mailing Address: HILARY SIMMS 1465 FIELDSTREAM WAY # 601 TWIN FALLS, ID 83301 I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name Address Hilary SHONTZ, IEP COACH 1465 FIELD STREAM WAY 601 TWIN FALLS, ID 83301	** *	
1465 FIELDSTREAM WAY # 601 TWIN FALLS, ID 83301 4. Registered Agent Name and Address Registered Agent Hilary Simms Physical Address: HILARY SHONTZ, IEP COACH 1465 FIELDSTREAM WAY #601 TWIN FALLS, ID 83303 Mailing Address: HILARY SIMMS 1465 FIELDSTREAM WAY # 601 TWIN FALLS, ID 83301 I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name		B. The mailing address of the principal office is:
A. Registered Agent Name and Address Registered Agent Registered Agent Hilary Simms Physical Address: HILARY SHONTZ, IEP COACH 1465 FIELDSTREAM WAY #601 TWIN FALLS, ID 83303 Mailing Address: HILARY SIMMS 1465 FIELDSTREAM WAY # 601 TWIN FALLS, ID 83301 I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name		Mailing Address
A. Registered Agent Registered Agent Hilary Simms Physical Address: HILARY SHONTZ, IEP COACH 1465 FIELDSTREAM WAY #801 TWIN FALLS, ID 83303 Mailing Address: HILARY SIMMS 1465 FIELDSTREAM WAY # 601 TWIN FALLS, ID 83301 I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name		
Registered Agent Registered Agent Hilary Simms Physical Address: HILARY SHONTZ, IEP COACH 1465 FIELDSTREAM WAY #601 TWIN FALLS, ID 83303 Mailing Address: HILARY SIMMS 1465 FIELDSTREAM WAY # 601 TWIN FALLS, ID 83301 I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name Address HILARY SHONTZ, IEP COACH 1465 FIELD STREAM WAY 601 TWIN FALLS, ID 83301	TWIN FALLS, ID 83301	
Hilary Simms Physical Address: HILARY SHONTZ, IEP COACH 1465 FIELDSTREAM WAY #601 TWIN FALLS, ID 83303 Mailing Address: HILARY SIMMS 1465 FIELDSTREAM WAY # 601 TWIN FALLS, ID 83301 I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name		
Physical Address: HILARY SHONTZ, IEP COACH 1465 FIELDSTREAM WAY #601 TWIN FALLS, ID 83303 Mailing Address: HILARY SIMMS 1465 FIELDSTREAM WAY # 601 TWIN FALLS, ID 83301 I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name		Registered Agent
HILARY SHONTZ, IEP COACH 1465 FIELDSTREAM WAY #601 TWIN FALLS, ID 83303 Mailing Address: HILARY SIMMS 1465 FIELDSTREAM WAY # 601 TWIN FALLS, ID 83301 I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name		
1465 FIELDSTREAM WAY #601 TWIN FALLS, ID 83303 Mailing Address: HILARY SIMMS 1465 FIELDSTREAM WAY # 601 TWIN FALLS, ID 83301 I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name		
TWIN FALLS, ID 83303 Mailing Address: HILARY SIMMS 1465 FIELDSTREAM WAY # 601 TWIN FALLS, ID 83301 I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name		
Mailing Address: HILARY SIMMS 1465 FIELDSTREAM WAY # 601 TWIN FALLS, ID 83301 I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name Address HILARY SHONTZ, IEP COACH 1465 FIELD STREAM WAY 601 TWIN FALLS, ID 83301		
HILARY SIMMS 1465 FIELDSTREAM WAY # 601 TWIN FALLS, ID 83301 I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name		
1465 FIELDSTREAM WAY # 601 TWIN FALLS, ID 83301 I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name Address Hilary Shontz, IEP Coach HILARY SHONTZ, IEP COACH 1465 FIELD STREAM WAY 601 TWIN FALLS, ID 83301		
TWIN FALLS, ID 83301 I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name Address Hilary Shontz, IEP Coach HILARY SHONTZ, IEP COACH 1465 FIELD STREAM WAY 601 TWIN FALLS, ID 83301		
I affirm that the registered agent appointed has consented to serve as registered agent for this entity. 5. Governors Name Address Hilary Shontz, IEP Coach Hilary Shontz, IEP Coach Twin Falls, ID 83301		
5. Governors Name Address Hilary Shontz, IEP Coach Hilary SHONTZ, IEP COACH 1465 FIELD STREAM WAY 601 TWIN FALLS, ID 83301		_
Name Address Hilary Shontz, IEP Coach HILARY SHONTZ, IEP COACH 1465 FIELD STREAM WAY 601 TWIN FALLS, ID 83301	d to serve as registered agent for this entity.	I affirm that the registered agent appointed has conse
Hilary Shontz, IEP Coach HILARY SHONTZ, IEP COACH 1465 FIELD STREAM WAY 601 TWIN FALLS, ID 83301		j. Governors
1465 FIELD STREAM WAY 601 TWIN FALLS, ID 83301	Address	Name
1465 FIELD STREAM WAY 601 TWIN FALLS, ID 83301	Y SHONTZ, IEP COACH	Hilary Shontz, IEP Coach
TWIN FALLS, ID 83301	FIELD STREAM WAY	14
	EALL C. ID 02204	
Signature of Organizar	FALLO, ID 83301	10
NIGNOTURE OF LIROUNIZOR		
Signature of Organizer.		Signature of Organizer:

Hilary Simms

Sign Here

12/11/2022

Date