



0004559273

**STATE OF IDAHO***Office of the secretary of state, Lawrence 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 #: 0004559273

Date Filed: 1/8/2022 10:07:17 PM

| 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                                                                                                                                              | Limited Liability Company                                                                                                                                       |      |         |                 |                                       |
| Entity name                                                                                                                                                                    | Richman Audiology Services LLC                                                                                                                                  |      |         |                 |                                       |
| 2. The complete street address of the principal office is:                                                                                                                     |                                                                                                                                                                 |      |         |                 |                                       |
| Principal Office Address                                                                                                                                                       | 11509 W VIOLET CT<br>BOISE, ID 83713                                                                                                                            |      |         |                 |                                       |
| 3. The mailing address of the principal office is:                                                                                                                             |                                                                                                                                                                 |      |         |                 |                                       |
| Mailing Address                                                                                                                                                                | 11509 W VIOLET CT<br>BOISE, ID 83713-1514                                                                                                                       |      |         |                 |                                       |
| 4. Registered Agent Name and Address                                                                                                                                           |                                                                                                                                                                 |      |         |                 |                                       |
| Registered Agent                                                                                                                                                               | Registered Agent<br>Jay B Richman<br>Physical Address:<br>11509 W VIOLET CT<br>BOISE, ID 83713<br>Mailing Address:<br>11509 W VIOLET CT<br>BOISE, ID 83713-1514 |      |         |                 |                                       |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.                                   |                                                                                                                                                                 |      |         |                 |                                       |
| 5. Governors                                                                                                                                                                   |                                                                                                                                                                 |      |         |                 |                                       |
| <table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>Burke L Richman</td><td>320 CENTER ST E<br/>KIMBERLY, ID 83341</td></tr></tbody></table> |                                                                                                                                                                 | Name | Address | Burke L Richman | 320 CENTER ST E<br>KIMBERLY, ID 83341 |
| Name                                                                                                                                                                           | Address                                                                                                                                                         |      |         |                 |                                       |
| Burke L Richman                                                                                                                                                                | 320 CENTER ST E<br>KIMBERLY, ID 83341                                                                                                                           |      |         |                 |                                       |
| Signature of Organizer:                                                                                                                                                        |                                                                                                                                                                 |      |         |                 |                                       |
| <i>Jay Burke Richman</i>                                                                                                                                                       | <i>01/08/2022</i>                                                                                                                                               |      |         |                 |                                       |
| Sign Here                                                                                                                                                                      | Date                                                                                                                                                            |      |         |                 |                                       |

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