







## STATE OF IDAHO Office of the secretary of state, Phil McGrane **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 #: 0005524669

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| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Services descriptions below) | vice (see Standard (filing fee \$100)   |
|--|---|
| 1. Limited Liability Company Name  |   |
| Type of Limited Liability Company  | Professional Limited Liability Company  |
| Entity name  | Alliance Psychiatric Wellness, PLLC   |
| Profession   |   |
| The business is organized to practice the profession   | n of: Nursing   |
| 2. The complete street address of the principal office is:   |   |
| Principal Office Address   | ALLIANCE PSYCHIATRIC WELLNESS, PLLC<br>1309 PONDEROSA DR STE 203<br>SANDPOINT, ID 83864 |
| 3. The mailing address of the principal office is:   |   |
| Mailing Address  | ALLIANCE PSYCHIATRIC WELLNESS, PLLC<br>1309 PONDEROSA DR                                |
|  | STE 203<br>SANDPOINT, ID 83864-8278   |
| 4. Registered Agent Name and Address   |   |
| Registered Agent   | Registered Agent  |
|  | Cyndi M Gerstenberger   |
|  | Physical Address: ALLIANCE PSYCHIATRIC WELLNESS, PLLC                                   |
|  | 1309 PONDEROSA DR STE 203   |
|  | SANDPOINT, ID 83864   |
|  | Mailing Address:  |
|  | ALLIANCE PSYCHIATRIC WELLNESS, PLLC<br>1309 PONDEROSA DR                                |
|  | STE 203   |
|  | SANDPOINT, ID 83864-8278  |
| ☑ I affirm that the registered agent appointed has   | consented to serve as registered agent for this entity.                                 |
| 5. Governors   |   |
| Name   | Address   |
| Cyndi M Gerstenberger CYNI   | DI GERSTENBERGER PMHNP-BC   |
|  | EAST CABINET WAGON RD   |
| CLAF   | RK FORK, ID 83811   |

Signature of Organizer:

Sign Here

Cyndi M Gerstenberger

12/21/2023

Date