







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 #: 0005994222

11/26/2024

Date

Date Filed: 11/26/2024 11:06:08 AM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (s descriptions below) | see Standard (filing fee \$100) |
|--|--|
| 1. Limited Liability Company Name | |
| Type of Limited Liability Company | Limited Liability Company |
| Entity name | Olson Orthopedics LLC |
| 2. The complete street address of the principal office is: | |
| Principal Office Address | 274 SOUTH 7TH MONTPELIER, ID 83254 |
| 3. The mailing address of the principal office is: | |
| Mailing Address | 274 S 7TH ST MONTPELIER, ID 83254-1431 |
| 4. Registered Agent Name and Address | |
| Registered Agent | NORTHWEST REGISTERED AGENT LLC Commercial Registered Agent |
| | Physical Address |
| | 784 S CLEARWATER LOOP STE B POST FALLS, ID 83854 |
| | Mailing Address |
| | 784 S CLEARWATER LOOP STE B POST FALLS, ID 83854 |
| I affirm that the registered agent appointed has conse | ented to serve as registered agent for this entity. |
| 5. Governors | |
| Name | Address |
| | 274 SOUTH 7TH MONTPELIER, ID 83254 |
| | |
| Signature of Organizer: | |

Benjamin Craig Olson

Sign Here