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File #: 0005980276

Date Filed: 11/13/2024 4:27:58 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Sedescriptions below)	ervice (see Same Day Service (+\$100; filing fee \$200)
I. Limited Liability Company Name	
Type of Limited Liability Company	Professional Limited Liability Company
Entity name	BRYCE SURGICAL, PLLC
Profession The business is organized to practice the professi	ion of: Medicine
2. The complete street address of the principal office is:	
Principal Office Address	1240 DOUBLE EAGLE CIR PRESTON, ID 83263
3. The mailing address of the principal office is:	
Mailing Address	1240 DOUBLE EAGLE CIR PRESTON, ID 83263-4304
Registered Agent Name and Address	
Registered Agent	TRAVIS M KUNZ Registered Agent
	Physical Address
	19 S STATE ST PRESTON, ID 83263
	Mailing Address
I affirm that the registered agent appointed has 5. Governors	as consented to serve as registered agent for this entity.
Name	Address
	1240 DOUBLE EAGLE CIR PRESTON, ID 83263
Signature of Organizer:	
LANCE R BRYCE	11/13/2024
Sign Here	Date