







## 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

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-FILED-

File #: 0005523139

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Certificate of Orga	anization Limited Liability Company
Select one:	Standard, Expedited or Same
descriptions	below)

e Day Service (see

Expedited (+\$40; filing fee \$140)

1. Limited Liability Company Name

Type of Limited Liability Company

Limited Liability Company

Entity name

Idaho Voice and Swallow Center LLC

2. The complete street address of the principal office is:

Principal Office Address

380 W SCREECH OWL DR

KUNA, ID 83634

3. The mailing address of the principal office is:

Mailing Address

380 W SCREECH OWL DR

KUNA, ID 83634-3528

4. Registered Agent Name and Address

Registered Agent

Registered Agent Blake Edes

Physical Address:

380 W SCREECH OWL DR

KUNA, ID 83634 Mailing Address:

380 W SCREECH OWL DR KUNA, ID 83634-3528

I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

5. Governors

Name	Address
Blake Edes	380 W SCREECH OWL DR KUNA, ID 83634-3528
Dillon Edes	380 W SCREECH OWL DR KUNA, ID 83634-3528

Signature of Organizer:

Blake Edes

12/20/2023

Sign Here