



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

 Complete and submit the application in duplicate.

2016 OCT 26 PM 2:03

 SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the professional limited liability company is:

SMITH WELLNESS PLLC

2. The complete street and mailing addresses of the principal office is:

22268 N POPE RD ATHOL, ID 83801

(Street Address)

(Mailing Address, if different)

3. Name and street address of registered agent in Idaho:

RYAN SMITH

22268 N POPE RD ATHOL, ID 83801

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

RYAN SMITH

22268 N POPE RD ATHOL, ID 83801

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):

22268 N POPE RD ATHOL ID 83801

(Address)

6. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is:

Medicine

7. Signature of a manager, member, or an organizer.

Printed Name: RYAN SMITH

Signature:

Printed Name:

Signature:

Secretary of State use only

IDAHO SECRETARY OF STATE

10/26/2016 05:00

CK:4311060 CT:172099 BH:1552562

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