



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

-FILED-

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1. The name of the limited liability company is:

Salmon Valley Phlebotomy, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

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

2 Hammon Dr, Salmon, ID 83467

(Street Address)

(Mailing Address, if different)

3. The name and complete street address of the registered agent:

Elaine Constantinescu

2 Hammon Dr., Salmon, ID 83467

(Name)

(Address)

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

Elaine Constantinescu

2 Hammon Dr, Salmon, ID 83467

(Name)

(Address)

Stefan Constantinescu

2 Hammon Dr., Salmon, ID 83467

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

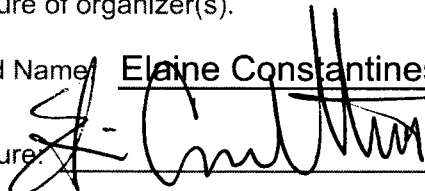
5. Mailing address for future correspondence (annual report notices):

2 Hammon Dr., Salmon, ID 83467

(Mailing Address)

Signature of organizer(s).

Printed Name: **Elaine Constantinescu**

Signature: 

Printed Name: **Stefan Constantinescu**

Signature: 

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