



Office of the secretary of state, Lawerence Denney 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 #: 0004650476

Date Filed: 3/9/2022 12:57:47 PM

| Certificate of Organization Limited Liability C Select one: Standard, Expedited descriptions below) | | Standard (filing fee \$100) | |
|---|-----------------------------|---|--|
| 1. Limited Liability Company Name | | | |
| Type of Limited Liability Company | | Limited Liability Company | |
| Entity name | | Pure Infusion Suites of Idaho Falls LLC | |
| 2. The complete street address of the princip | pal office is: | | |
| Principal Office Address | | 784 S. CLEARWATER LOOP | |
| | | STE B POST FALLS, ID 83854 | |
| | | 1 001 17,220, 10 00004 | |
| 3. The mailing address of the principal office | is: | AAZO C DIVEDDOAT DD | |
| Mailing Address | | 4179 S RIVERBOAT RD STE 220 | |
| | | TAYLORSVILLE, UT 84123-2986 | |
| Registered Agent Name and Address | | | |
| Registered Agent | | NORTHWEST REGISTERED AGENT LLC | |
| . teg.stered / tgette | | 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 age | ent appointed has consented | to serve as registered agent for this entity. | |
| 5. Governors | | | |
| Name | | Address | |
| Brent Jacobsen | STE 220 | 4179 S RIVERBOAT RD STE 220 TAYLORSVILLE, UT 84123-2986 | |
| Signature of Organizer: | | | |
| Morgan Noble | | 03/09/2022 | |
| Sign Here | | Date | |