



0005894693



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

For Office Use Only
-FILED-
File #: 0005894693
Date Filed: 9/9/2024 12:44:22 PM

Certificate of Organization Limited Liability Company					
Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$100)				
1. Limited Liability Company Name					
Type of Limited Liability Company	Professional Limited Liability Company				
Entity name	River Horse Medical Clinic, PLLC				
Profession					
The business is organized to practice the profession of:	Medicine				
2. The complete street address of the principal office is:					
Principal Office Address	500 2ND AVENUE DEARY, ID 83823				
3. The mailing address of the principal office is:					
Mailing Address	JENNIFER GRINAGE 1200 NORA CREEK RD TROY, ID 83871-9647				
4. Registered Agent Name and Address					
Registered Agent	REGISTERED AGENTS INC Commercial Registered Agent Physical Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 Mailing Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854				
<input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.					
5. Governors					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>Jennifer Grinage</td> <td>1200 NORA CREEK ROAD TROY, ID 83871</td> </tr> </tbody> </table>		Name	Address	Jennifer Grinage	1200 NORA CREEK ROAD TROY, ID 83871
Name	Address				
Jennifer Grinage	1200 NORA CREEK ROAD TROY, ID 83871				
Signature of Organizer:					
<i>Jennifer Ann-Marie Grinage</i>	<i>09/09/2024</i>				
Sign Here	Date				

B0946-5019 09/09/2024 12:45 PM Received by Office of the Idaho Secretary of State