







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 #: 0006019033

Date

Date Filed: 12/10/2024 10:10:32 AM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Sam descriptions below)	e Day Service (see	Standard (filing fee \$100)
1. Limited Liability Company Name		
Type of Limited Liability Company		Professional Limited Liability Company
Entity name		Restorative Medicine PLLC
Profession		
The business is organized to practice the profession of:		Medicine
2. The complete street address of the principal office i	is:	
Principal Office Address		3000 E SELTICE WAY
		POST FALLS, ID 83854
3. The mailing address of the principal office is:		
Mailing Address		3000 E SELTICE WAY
		POST FALLS, ID 83854-5590
4. Registered Agent Name and Address		
Registered Agent		Registered Agent
		Miranda Hill
		Physical Address:
		3000 E SELTICE WAY POST FALLS, ID 83854
		Mailing Address:
		3000 E SELTICE WAY
		POST FALLS, ID 83854-5590
	ointed has consented	to serve as registered agent for this entity.
5. Governors	r	
Name	Address	
Miranda Hill	3000 E SELTICE WA	AY
	POST FALLS, ID 83	854
Signature of Organizer:		
Miranda Hill		<i>12/10/2024</i>

Sign Here