





#### **STATE OF IDAHO**

Office of the secretary of state, Phil McGrane

## FOREIGN REGISTRATION STATEMENT (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 #: 0006160733

Date Filed: 3/14/2025 2:21:43 PM

Foreign Registration Statement (Limited Liability Company) Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$100)
The name this limited liability company will use in Idaho is:	
Type of Limited Liability Company	Foreign Limited Liability Company
Entity name	AFIXA HEALTH LLC
AFIXA HEALTH LLC	
2. Home Jurisdiction	
The jurisdiction of formation is:	WYOMING
3. The street address of its domestic principal office (if required by the laws of the	e jurisdiction of formation) is:
Street Address	30 N GOULDST
	STE R SHERIDAN, WY 82801
4. The mailing address of its domestic principal office (if required by the laws of	,
Mailing Address	30 N GOULD ST STE R
	SHERIDAN, WY 82801-6317
5. The complete street address of the principal office is:	
Principal Office Address	784 S CLEARWATER LOOP
	STE R
	POST FALLS, ID 83854
6. The mailing address of the principal office is:	
Mailing Address	784 S CLEARWATER LOOP
	STE R POST FALLS, ID 83854-9599
	1 001 1 ALLO, ID 00004-3000
7. Registered Agent Name and Address	ALL DAY MAD IDALIO DECICTEDED A CENT LLO
Registered Agent	ALL DAY \$49 IDAHO REGISTERED AGENT LLC Commercial Registered Agent
	Physical Address
	784 S CLEARWATER LOOP STE F
	POST FALLS, ID 83854
	Mailing Address
	784 S CLEARWATER LOOP STE F
	POST FALLS, ID 83854

Name	Title	Address
FRIDAH KINYUA	MEMBER	10902 PORTLAND AVE E APT F338 TACOMA, WA 98445-5267

I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

Signature of individual authorized by the entity to sign:

8. Governors



FRIDAH KINYUA	03/14/2025
Sign Here	Date
Job Title: MANAGER	

# STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

### **Afixa Health LLC**

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **January 24, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001398509**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 21st day of December, 2024 at 3:24 PM. This certificate is assigned ID Number 079244939.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.