



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-

File #: 0005336859

Date Filed: 7/31/2023 3:55:00 PM

1. The name of the limited liability company is:

HOPE Center Clinic 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:

640 S werner AVE, Boise, ID, 83709

(Street Address)

(Mailing Address, if different)

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

Guilty Mwamba

(Name)

640 S werner AVE, Boise, ID, 83709

(Address)

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

Guilty Mwamba

(Name)

640 S 591 N Maplegrove Rd, 104, Boise, ID, 83705

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

640 S werner AVE, Boise, ID, 83709

(Mailing Address)

Signature of organizer(s).

Printed Name: Guilty Mwamba

Signature: [Signature]

Printed Name: _____

Signature: _____

Secretary of State use only