



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

2016 MAR -7 AM 9:40

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Chirognostics, 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:

6003 W Overland Rd #L101 Boise ID 83709

(Street Address)

(Mailing Address, if different)

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

Kirk Parge 201 N 8th St #4 St Maries ID 83861

(Name)

(Address)

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

Michelle Parge 201 N 8th St #4 St Maries ID 83861

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

PO Box 709 St Maries ID 83861

(Address)

Signature of organizer(s).

Printed Name:

Michelle Parge

Signature:

Michelle R Parge

Printed Name:

Kirk Parge

Signature:

K Parge

Secretary of State use only

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03/07/2016 05:00

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