







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 #: 0005244358

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Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Ser descriptions below)	rvice (see Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Professional Limited Liability Company
Entity name	Sports Med Idaho, PLLC
Profession	
The business is organized to practice the profession	n of: Medicine
2. The complete street address of the principal office is:	
Principal Office Address	CHAD JOHNSON
	3521 E 4000 N
	KIMERLY, ID 83341
3. The mailing address of the principal office is:	
Mailing Address	PO BOX 1293
	TWIN FALLS, ID 83303-1293
Registered Agent Name and Address	
Registered Agent	Registered Agent
•	David E Coleman
	Physical Address:
	401 GOODING ST. N.
	SUITE 201
	TWIN FALLS, ID 83301 Mailing Address:
	PO BOX 1293
	TWIN FALLS, ID 83303-1293
-	
☑ I affirm that the registered agent appointed has	s consented to serve as registered agent for this entity.
5. Governors	
Name	Address
Chad Johnson 3	521 E 4000 N
	(IMBERLY, ID 83341
Signature of Organizer:	
David E Coleman	05/17/2023
	Date
Sign Here	Date