



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-

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1. The name of the limited liability company is:

Whole Child Feeding Therapy 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:

1032 W White Sands Dr Meridian, ID 83646

(Street Address)

(Mailing Address, if different)

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

Kristen Valley

1032 W White Sands Drive Meridian, ID 83646

(Name)

(Address)

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

Kristen Holcomb

5055 Sarah Ct Fruitland, ID 83619

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

1032 W White Sands Dr Meridian, ID 83646

(Mailing Address)

Signature of organizer(s).

Printed Name: **Kristen Valley**

Signature: *Kristen Valley*

Printed Name: **Kristen Holcomb**

Signature: *Kristen Holcomb*

Secretary of State use only

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