







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 #: 0005916102

Date Filed: 10/1/2024 12:23:57 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Sedescriptions below)	ervice (see Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	ToroMed LLC.
2. The complete street address of the principal office is:	
Principal Office Address	5535 W RANDOLPH DR BOISE, ID 83705
3. The mailing address of the principal office is:	
Mailing Address	5535 W RANDOLPH DR BOISE, ID 83705-2647
4. Registered Agent Name and Address	
Registered Agent	CODY LAYNE MARTIN Registered Agent
	Physical Address
	305 N 17TH ST APT #315 BOISE, ID 83702
	Mailing Address
I affirm that the registered agent appointed ha	as consented to serve as registered agent for this entity.
Name	Address
	5535 W RANDOLPH DR BOISE, ID 83705
Signature of Organizer:	
Cody Layne Martin	10/01/2024
Sign Here	Date