





Office of the secretary of state, Phil McGrane
CERTIFICATE OF ORGANIZATION LIMITED
LIABILITY COMPANY

PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

File #: 0005125604

Date

Date Filed: 2/26/2023 9:31:26 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day S descriptions below)	ervice (see Expedited (+\$40; filing fee \$140)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Mountain Valley Healthcare LLC
2. The complete street address of the principal office is:	
Principal Office Address	921 S ORCHARD ST
	STE G
	BOISE, ID 83705
3. The mailing address of the principal office is:	
Mailing Address	1309 COFFEEN AVE
	STE 1200 SHERIDAN, WY 82801-5777
	011211137111, 1711 02001 0171
4. Registered Agent Name and Address	O T CORPORATION OVETEN
Registered Agent	C T CORPORATION SYSTEM Commercial Registered Agent
	Physical Address
	1555 W SHORELINE DR
	STE 100
	BOISE, ID 83702
	Mailing Address
	1555 W SHORELINE DR
	STE 100
	BOISE, ID 83702
I affirm that the registered agent appointed has consented to serve as registered agent for this entity.	
5. Governors	
Name	Address
Andrew Pierce	921 S ORCHARD ST
7 110100	STE G
	BOISE, ID 83705
Signature of Organizer:	
Andrew Pierce	02/26/2023

Sign Here