



Filed  
Secretary of State  
State of Washington  
Date Filed: 03/11/2020  
Effective Date: 03/11/2020  
UBI #: 604 595 222

## CERTIFICATE OF FORMATION

### UBI NUMBER

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UBI Number:  
**604 595 222**

### BUSINESS NAME

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Business Name  
**IO NURSE LLC**

### REGISTERED AGENT

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Registered Agent Name	Street Address	Mailing Address
IO NURSE LLC	2627 122ND PL SE, EVERETT, WA, 98208-6295, UNITED STATES	2627 122ND PL SE, EVERETT, WA, 98208-6295, UNITED STATES

### REGISTERED AGENT CONSENT

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Customer provided Registered Agent consent? - **Yes**

### DURATION

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Duration:  
**PERPETUAL**

### EFFECTIVE DATE

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Effective Date:  
**03/11/2020**

### OTHER PROVISIONS

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Other Provisions:  
**PLEASE SEE [HTTP://WWW.IONURSE.COM/](http://www.ionurse.com/)**

### PRINCIPAL OFFICE

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Phone:  
**206-954-4324**

Email:

**DR.HOSKEN@GMAIL.COM**

Street Address:

**2627 122ND PL SE, EVERETT, WA, 98208-6295, UNITED STATES**

Mailing Address:

**2627 122ND PL SE, EVERETT, WA, 98208-6295, UNITED STATES**

## EXECUTOR

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Title	Executor Type	Entity Name	First Name	Last Name	Address
EXECUTOR INDIVIDUAL			RYAN	HOSKEN	2627 122ND PL SE, EVERETT, WA, 98208-6295, UNITED STATES

## RETURN ADDRESS FOR THIS FILING

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Attention:

**RYAN HOSKEN**

Email:

**DR.HOSKEN@GMAIL.COM**

Address:

**2627 122ND PL SE, EVERETT, WA, 98208-6295, UNITED STATES**

## UPLOAD ADDITIONAL DOCUMENTS

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Name	Document Type
No Value Found.	

## UPLOADED DOCUMENTS

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Document Type	Source	Created By	Created Date
No Value Found.			

## EMAIL OPT-IN

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I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

## AUTHORIZED PERSON - STAFF CONSOLE

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Document is signed.

Person Type:

**ENTITY**

First Name:

**RYAN**

Last Name:

**HOSKEN**

Entity Name:

**IO NURSE LLC**

Title:

**CONSULTANT**