



STATE OF MONTANA
 SECRETARY OF STATE
 2025 ANNUAL REPORT

STATE OF MONTANA
-FILED-
 SECRETARY OF STATE
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Business Type			
Business Type	Domestic Limited Liability Company		
Business Sub-Type	Professional Limited Liability Company		
Business Name			
Name of Business Entity	Bitterroot Integrative Health and Wellness, PLLC		
The file number of this entity on the records of the Montana Secretary of State is	C1451971		
Country of Organization	United States		
State of Organization	Montana		
Annual Report Year	2025		
Business Purpose	Healthcare Professional		
<input checked="" type="checkbox"/> The Limited Liability Company is a Professional Limited Liability Company and all of its members and not less than one-half of its managers are qualified persons with respect to the Limited Liability Company.			
Business Mailing Address of Principal Office			
Address	PO BOX 840 STEVENSVILLE, MT 59870		
Business Physical Address of Principal Office			
Address	4039 US HWY 93, STE C STEVENSVILLE, MT 59870		
The registered agent on record is:			
Registered Agent	CHRISTINE AGIN Non-Commercial Registered Agent Agent Number RA00025401 Email Address crbookkeepingmt@gmail.com Website Physical Address 3940 CESSNA CT STEVENSVILLE, MT 59870 Mailing Address P O BOX 58 STEVENSVILLE, MT 59870		
Select the Type of Change			
Select one if a registered agent change is needed:			
LLC Management			
LLC Managed By	Members		
Members			
Name Of Individual Or Business Entity	Business Mailing Address	Email Address	Active Registered Entity
Rachelle W Rodriguez, FNP-BC	PO BOX 840 STEVENSVILLE, MT 59870		
Declarations			

- I understand that the information I enter into the online system is public information and will appear online and on copy requests exactly as I key it into the system.
- I have been authorized by the business entity to file this document online.
- I, HEREBY SWEAR AND/OR AFFIRM, under penalty of law, including criminal prosecution, that the facts contained in this document are true. I certify that I am signing this document as the person(s) whose signature is required, or as an agent of the person(s) whose signature is required, who has authorized me to place his/her signature on this document.

Signature

Self

Christine Agin

01/08/2025

Signer's Capacity

Sign Here

Date

Position

Authorized Agent

Daytime Contact

Phone Number

(406) 240-6171

Email

crbookkeepingmt@gmail.com