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ARTICLES OF ORGANIZATION **PROFESSIONAL LIMITED** LIABILITY COMPANY

	(instructions on back of applica	auon)	and the second of the second o	
1.	The name of the professional limited liability of Bonners Ferry Fami	ompany is: ly Medicine, PLLC	SECREMAY OF STA STATE OF DAVID	
2.	The professional LLC is organized for the practice of the professional LLC is organized for the practice of the professional LLC is organized for the practice of the practice of the professional LLC is organized for the practice of the pr	ctice in the profession of:	medicine	
3.	The address of the initial registered office is: Highway 1 Mile Marker 4.7, Bonners Ferry, ID 83805 and the name of the initial registered agent is: Troy Geyman, MD			
4.	Management of the professional limited liability company will be vested in:			
	☑ Manager(s) ☐ Member(s)			
5.	If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member.			
	Name	Address		
	Troy Geyman, MD	HCR 60 Box 198A, Bonners	Ferry, ID 83805	
Ligeia Reinhardt, MD HCR 60 Box 15				
6. Signature(s) of at least one person responsible for forming the limited liability company:				
	Signature			
	Typed Name / Troy Geyman, MD		•	
(Capacity Manager			
S	Signature	of organiza		
7	Typed Name		SPONETARY OF A	
C	Capacity	_ § 01/0) SECRETARY OF STATE B/2007 05:00 CT: 298288 BH: 1924446	
		Web Form	LIS ENDEDD BH: 1024446	

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