



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

Kootenai Urgent Care, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

700 Ironwood Drive, Ste 272E Coeur d'Alene, ID 83814

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Eric Koelsch

700 Ironwood Drive, Ste 272E Coeur d'Alene, ID 83814

(Name)

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Eric Koelsch

700 Ironwood Drive, Ste 272E

Coeur d'Alene, ID 83814

5. Mailing address for future correspondence (annual report notices):

700 Ironwood Drive, Ste 272E Coeur d'Alene, ID 83814

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Eric Koelsch
Typed Name: Eric Koelsch

Signature _____
Typed Name: _____

Secretary of State use only

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