







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

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0005853455

Date Filed: 8/9/2024 10:22:03 AM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below) | | Expedited (+\$40; filing fee \$140) | |
|--|------------------------------|--|---------------------|
| Limited Liability Company Name | | | |
| Type of Limited Liability Company | | Professional Limited Liability Company | |
| Entity name | | North Idaho Endoscopy and Surgical Specialists, PLLC | |
| Profession | | | |
| The business is organized to practice the profession of: | | Medicine | |
| 2. The complete street address of the princ | cipal office is: | | |
| Principal Office Address | | 784 S. CLEARWATER LOOP STE B POST FALLS, ID 83854 | |
| 3. The mailing address of the principal office | ce is: | | |
| Mailing Address | | 784 S CLEARWATER LOOP STE B | |
| | | POST FALLS, ID 83854-9599 | |
| 4. Registered Agent Name and Address | | | |
| Registered Agent | | NORTHWEST REGISTERED AGENT LLC Commercial Registered Agent | |
| | | Physical Address | |
| | | 784 S CLEARWATER LOOP STE B POST FALLS, ID 83854 | |
| | | Mailing Address | |
| | | 784 S CLEARWATER LOOP STE B POST FALLS, ID 83854 | |
| ☑ I affirm that the registered a | gent appointed has consented | I to serve as registered age | nt for this entity. |
| 5. Governors | | | |
| Name | | Address | |
| Cory Richardson | | 784 S. CLEARWATER LOOP STE B POST FALLS, ID 83854 | |
| Signature of Organizer: | | | |
| Nat Smith on behalf of Northwest Registered Agent LLC | | | 08/09/2024 |
| Sign Here | | | Date |