



# APPLICATION FOR REGISTRATION OF FOREIGN LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**  
2005 MAR 23 AM 9:05  
STATE OF IDAHO

1. The name of the limited liability company is:  
INDEPENDENT MEDICAL COMPANY LLC
2. If the name of the limited liability company is not permissible or is not available in Idaho, the name the foreign limited liability company will use in Idaho is:  
INMEDCO LLC
3. The jurisdiction under whose laws the limited liability company is organized is: MONTANA  
and the date of its formation was: Jan 30 2001 #376389
4. The name and address of the registered agent in Idaho is:  
Patty Barstow 2728 So Pond Boise Idaho 83705
5. The address of the limited liability company's office in the jurisdiction under whose laws it is organized is:  
Agent. Mrs Kathy Kutzman 566 Spokane Ave Whitefish, MT 59937
6. The address of the limited liability company's principal office, if other than the address in #5 above, is:  
3500 SE Concord RD #64 Milwaukie, OR 97267
7. The address to which correspondence should be addressed is:  
Mrs Kathy Kutzman 566 Spokane Ave Whitefish, MT 59937
8. Signature of a manager, if any, or a member if there are no managers.

Signature

Typed Name

William J Maddock

Manager ☒ Member ☐

Secretary of State use only

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Revised 06/2002

# SECRETARY OF STATE

## STATE OF MONTANA

### CERTIFICATE OF FACT

I, **BRAD JOHNSON**, Secretary of State of the State of Montana, do hereby certify that on **01/30/2001**, Articles of Organization for the formation of **INDEPENDENT MEDICAL COMPANY LLC**, a Montana limited liability company, were filed according to Section 35-8-202, Montana Code Annotated.

I further certify that the registered agent for the company as listed in the Articles of Organization is **KATHY KUTZMAN; 566 SPOKANE AVE; WHITEFISH MT 59937**.

I further certify that the principal place of business is **118 ANTELOPE TRL; WHITEFISH MT 59937**.

I further certify that **INDEPENDENT MEDICAL COMPANY LLC** shall be managed by **MANAGERS**.

I further certify that the names and addresses of the **MANAGERS** of the limited liability company are **WILLIAM J MADDOCK, 3500 SE CONCORD RD #64, MILWAUKIE OR 97267**.

I further certify that **INDEPENDENT MEDICAL COMPANY LLC** has **PERPETUAL** existence.

I further certify that the limited liability company has filed all required reports with this office and that no notice or decree of dissolution has been filed with this office and it is in good standing.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, a Helena, the Capital, this **March 17, 2005**.



*Brad Johnson*

**BRAD JOHNSON**  
Secretary of State

Certified File Number: **C-108010**