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Signature: _

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2017 MAY 25 AM 9: 09

SECRETARY OF STATE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in <u>duplicate</u>.

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1.	e name of the professional limited liability company is:			
	Northwest Healthcare Providers PLLC			
2.	The complete street and mailing addresses of the principal office is: 1131 N Lincoln Ave, Pocatello ID 83204			
	(Street Address)			
	(Mailing Address, if different)	· · · · · · · · · · · · · · · · · · ·		
3.	Name and street address of registered agent <u>in Idaho</u> :			
	Nicholas Portalski	1131 N Lincoln Ave, Pocatello ID 83204		
	(Name)	(Address)		
4.	The name and address of at least one governor of the limited liability company:			
	Nicholas Portalski	1131 N Lincoln Ave, Pocatello ID 83204		
	(Name)	(Address)		
	(Name)	(Address)		
	(Name)	(Address)		
5.	Mailing address for future correspondence (annual report notices):			
	131 N Lincoln Ave, Pocatello ID 83204			
	(Address)			
6.	The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is:			
	M	edicine	\Box	
			Secretary of State use only	
7.	Signature of a manager, memi	ber, or an organizer.	Secretary of State use unity	
Printed Name: Nicholas Portalski			IDAHO SECRETARY OF STATE	
	nature:		05/25/2017 05:00 CK:1556 CT:340176 HH:1585809 16 100.00 = 100.00 PROF LLC #2	
Pri	nted Name:			

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