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-FILED-

File #: 0005288568

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Certificate of Organization Limited Liability Select one: Standard, Expedite		Expedited (+\$40; filing fee \$140)
descriptions below)	d of Same Day Service (see	Expedited (+\$40, Illing fee \$140)
1. Limited Liability Company Name		
Type of Limited Liability Compar	ny	Limited Liability Company
Entity name		North Fork Medical LLC.
2. The complete street address of the prin	cipal office is:	
Principal Office Address		784 S. CLEARWATER LOOP STE R
		POST FALLS, ID 83854
3. The mailing address of the principal offi	ce is:	
Mailing Address		784 S CLEARWATER LOOP
		STE R POST FALLS, ID 83854-9599
		1 001 17(220, 12 00004 0000
Registered Agent Name and Address Registered Agent		REGISTERED AGENTS INC
Negistered Agent		Commercial Registered Agent
		Physical Address
		784 S CLEARWATER LOOP STE R
		POST FALLS, ID 83854
		Mailing Address
		784 S CLEARWATER LOOP STE R POST FALLS, ID 83854
☑ I affirm that the registered a	gent appointed has consented	to serve as registered agent for this entity.
5. Governors		
Name		Address
Karson Kautz	784 S. CLEARWATE	R LOOP
	STE R	
	POST FALLS, ID 838	54
Signature of Organizer:		
Karson Kautz		06/20/2023
Sign Here		Date