



0005602335

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***FOREIGN REGISTRATION STATEMENT (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 #: 0005602335

Date Filed: 2/13/2024 1:21:34 PM

## Foreign Registration Statement (Limited Liability Company)

Select one: Standard, Expedited or Same Day Service (see descriptions below)      Standard (filing fee \$100)

## 1. The name this limited liability company will use in Idaho is:

Type of Limited Liability Company

Foreign Professional Limited Liability Company

Entity name

HOMETOWN PRIMARY CARE OF FRANKFORT PLLC

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## Profession

The business is organized to practice the profession of:      Medicine

## 2. Home Jurisdiction

The jurisdiction of formation is:      ILLINOIS

## 3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

Street Address      10205 W LINCOLN HWY  
FRANKFORT, IL 60423

## 4. The mailing address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

Mailing Address      10205 W LINCOLN HWY  
FRANKFORT, IL 60423

## 5. The complete street address of the principal office is:

Principal Office Address      784 S CLEARWATER LOOP  
STE B  
POST FALLS, ID 83854

## 6. The mailing address of the principal office is:

Mailing Address      10205 W LINCOLN HWY  
FRANKFORT, IL 60423-1279

## 7. 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 agent appointed has consented to serve as registered agent for this entity.

## 8. Governors

Name	Title	Address
Chime Ajiere	Member	10205 W LINCOLN HWY FRANKFORT, IL 60423-1279

Signature of individual authorized by the entity to sign:



*Chime Ajjere*

*02/13/2024*

Sign Here

Date

Job Title: Member

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***To all to whom these Presents Shall Come, Greeting:***

***I, Alexi Giannoulis, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that***

HOMETOWN PRIMARY CARE OF FRANKFORT PLLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 07, 2022, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH day of FEBRUARY A.D. 2024 .***

Authentication #: 2404401034 verifiable until 02/13/2025

Authenticate at: <https://www.ilsos.gov>

*Alexi Giannoulis*

SECRETARY OF STATE