



CERTIFICATE OF INCORPORATION  
OF

IDAHO PRIMARY CARE ASSOCIATION, INCORPORATED

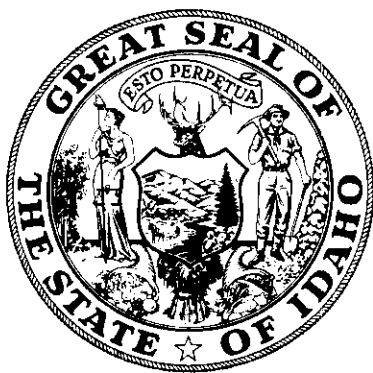
I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of Articles of Incorporation for the incorporation of \_\_\_\_\_

IDAHO PRIMARY CARE ASSOCIATION, INCORPORATED

duly signed pursuant to the provisions of the Idaho Nonprofit Corporation Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Incorporation and attach hereto a duplicate original of the Articles of Incorporation.

Dated November 2, 19 82.



*Pete T. Cenarrusa*  
SECRETARY OF STATE

\_\_\_\_\_  
Corporation Clerk

# IDAHO PRIMARY CARE ASSOCIATION, INCORPORATED

## NAME

The name of the association is the Idaho Primary Care Association, Incorporated.

## PURPOSE

The purposes and objectives for which the association is formed are as follows: To create a means by which those who are involved in primary health care delivery can work together to insure the continued provision of accessible, cost effective, and high quality ambulatory health care services and to accomplish the following objectives:

- A. To serve as an advocate for the unique interest of primary care centers.
- B. To serve as a working body for the purpose of integrating and maximizing resources.
- C. To work toward more equitable systems of financing for primary care centers.
- D. To serve as a forum for the exchange of information and approaches towards solving mutual problems among primary care centers.
- E. To provide technical assistance concerning the establishment and operation of primary care centers.
- F. To act as a central information source for primary care centers.
- G. To provide information to public policy makers and the general public.

## NOT FOR PROFIT STATUS

The association will not carry on a business, trade or profession or any other activity for profit.

## DURATION

The duration of this association shall be unlimited and perpetual.

## MEMBERS

The association membership shall consist of dues paid organizational and individual members. The management of the association's affairs shall be vested in its members pursuant to Section 30-314 (c), Idaho Code.

## BOARD OF DIRECTORS

A Board of Directors of the association shall consist of the directors of primary care centers (paid organizational members) in Idaho.

The number of directors constituting the initial Board of Directors shall be five; the names and addresses of the persons to serve as directors until the first meeting of the association or until their successors are elected and qualified are as follows:

1. Terry Reilly, Administrator  
Community Health Clinics, Inc.  
Administration Office  
1503 3rd St. No.  
Nampa, Idaho 83651

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2. Royalynn Case, Project Director  
Payette Health Care  
45 Star Rt./Hwy 95  
Payette, Idaho 83661
3. Doug Norton, Executive Director  
Glenns Ferry Area Rural Health Clinic  
Box 266  
Glenns Ferry, Idaho 83623
4. Cookie Atkins, Administrator  
Family Health Services  
Box 531  
Twin Falls, Idaho 83301
5. Lianne Reynolds, Executive Director  
Health West, Inc.  
690 Yellowstone, Suite F  
Pocatello, Idaho 83201

OFFICERS

The officers of the Board of Directors shall consist of a Chairman, Vice-chairman, Secretary, and Treasurer. They shall serve for a period of one year.

MEETINGS

The association shall have an annual meeting in the spring of each year to elect officers and conduct business as necessary.

DUES

The dues for association members shall be seventy-five dollars (\$75.00) for each clinic organization and ten dollars (\$10.00) for each individual member.

FINANCIAL ACCOUNT

The dues and all other money of the association shall be deposited in the account (s) of the Idaho Primary Care Association, Inc. Expenditures from the account must be according to the approved budget of the association's Board of Directors.

INITIAL REGISTERED AGENT/REGISTERED OFFICE

The association's initial registered agent shall be Terry Reilly, Administrator of Community Health Clinics, Inc., Administration Office, 1503 3rd St. No., Nampa, Idaho 83651. The initial registered office is the same as that of the initial registered agent.

DEDICATION OF ASSETS

In the event of the dissolution of the association, its assets shall be turned over to the State of Idaho, Department of Health and Welfare, Bureau of Program Development and Analysis, Planning Section.

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IN WITNESS WHEREOF, I have herunto set my hand and seal this 20<sup>th</sup>  
day of October, 1982, as incorporator

Name:

Address:

Lianne Reynolds  
Lianne Reynolds

690 Yellowstone, Suite F  
Pocatello, Idaho 83201

On this \_\_\_\_\_ day of \_\_\_\_\_, 1982, before me, a  
a Notary Public in and for the State of Idaho, personally appeared Lianne Reynolds  
known to me to be the person whose name is subscribed to the within and  
foregoing instrument, and acknowledged to me that she executed the same.

IN WITNESS WHEREOF, I have herunto set my hand and affixed my official  
seal the day and year in this certificate first above written.

(SEAL)

STATE OF IDAHO     )  
                              ) ss.  
County of Bannock)

Doris L. Welking  
Notary Public for Idaho  
Residing at Pocatello, Idaho