







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney

STATEMENT OF QUALIFICATION OF PROFESSIONAL **LIMITED LIABILITY PARTNERSHIP**

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

Filing Fee: \$100.00 - Make Checks Payable to Secretary of State

For Office Use Only

-FILED-

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Professional Limited Liability Partnership Name Entity name	Canyonview Family Psychiatry, PLLP
2. Limited Liability Partnership Designation	
By checking this box and filing this document with the Secre liability partnership.	tary of State, the partnership named herein elects to be a limited
3. Profession	
The profession practiced by this limited liability partnership is:	Nursing
The complete street address of the principal office is: Principal Office Address	450 THAIN RD. SUITE F LEWISTON, ID 83501
5. The mailing address of the principal office is:	
Mailing Address	934 RIVERVIEW BLVD CLARKSTON, WA 99403-2657
6. Street address of an office in this State:	
Address	450 THAIN RD. SUITE F LEWISTON, ID 83501
7. Registered Agent Name and Address	
Registered Agent	Registered Agent Hannah I Landkammer Physical Address: 1610 S. LEVICK ST. APT. #1 MOSCOW, ID 83843 Mailing Address: 1610 S LEVICK ST APT 1 MOSCOW, ID 83843-4475
6. Signature of individual authorized by partners to sign:	
Brent Joseph Landkammer	04/20/2019
Sign Here	Date
Signer's Title: Primary Partner	