



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

**2015 AUG -4 AM 8:16**

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the professional limited liability company is:

**SANDPOINT DIRECT PRIMARY CARE LLC**

2. The complete street and mailing addresses of the principal office is:

**1323 HIGHWAY 2 STE 302**

**SANDPOINT**

**ID 83864**

(Street Address)

(City)

(State)

(Zipcode)

(Mailing Address, if different)

(City)

(State)

(Zipcode)

3. Name and street address of registered agent in Idaho:

**FRAZIER H. KING, M.D. 2023 SANDPOINT WEST DR SANDPOINT ID 83864**

(Name)

(Address)

(City)

(State)

(Zipcode)

4. The name and address of at least one governor of the limited liability company:

**FRAZIER H KING, M.D. 2023 SANDPOINT WEST DR SANDPOINT ID 83864**

(Name)

(Address)

(City)

(State)

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

5. Mailing address for future correspondence (annual report notices):

**2023 SANDPOINT WEST DR SANDPOINT ID 83864**

(Address)

(City)

(State)

(Zipcode)

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:

**Medicine**



7. Signature of a manager, member, or an organizer.

Printed Name: **FRAZIER H. KING, M.D.**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**08/04/2015 05:00**

CK: 3173 CT: 313062 BH: 1486532

1@ 100.00 = 100.00 PROF LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

**W154540**