





## STATE OF IDAHO

## Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION 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 #: 0004418226

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Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Servic descriptions below)	e (see Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	True North Family Medicine LLC
The complete street address of the principal office is:     Principal Office Address	623 E HARRISON AVE
1 morphi emoc Addiooo	COEUR D ALENE, ID 83814
3. The mailing address of the principal office is:	
Mailing Address	623 E HARRISON AVE COEUR D ALENE, ID 83814-3245
4. Registered Agent Name and Address	
Registered Agent	1 \$35 ANNUAL IDAHO AGENT LLC Commercial Registered Agent
	Physical Address
	424 E SHERMAN AVE COEUR D ALENE, ID 83814
	Mailing Address
	424 E SHERMAN AVE COEUR D ALENE, ID 83814
☑ I affirm that the registered agent appointed has contained.	onsented to serve as registered agent for this entity.
5. Governors	
Name	Address
1	23 E HARRISON AVE COEUR D ALENE, ID 83814
Signature of Organizer:	
Rebekah Syverson	09/13/2021
Sign Here	Date