

Printed Name: Kerry W. Saurev.

Signature:

Signature:

Printed Name: _Don

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

FILED EFFECTIVE

Title 30, Chapters 21 and 23, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

2018 JUL 19 AM 8: 47

SECRETARY OF STATE STATE OF IDAHO

		STATE OF IDAMU	
1.	The name of the limited liability partners	p is:	
	Rupert Medical Center, LLP		
		rtnership," "Registered Limited Liability Partnership. "or the permitted abbreviations) ity (as indicated in #7) the name may include the word "professional" before the word "limited," or abbreviations.)	
2.	The street address of the limited liability (artnership's principal office is:	
	1218 9th St. #7, Rupert, ID 83350		
	(Street Address)		
	(Mailing Address. if different)		
3.	The street address of an office in this sta	, if any (if different from #2):	
	(Street Address)		
4.	Name and street address of the registered agent:		
	Kerry W. Saurey, MD	1218 9th St. #7, Rupert, ID 83350	
	(Name)	(Address)	
2.	Mailing address for future correspondence (annual report notices):		
	1218 9th St. #7, Rupert, ID 83350		
	(Address)		
6.	By filing this document with the Secretary of	State, the partnership named herein elects to be a limited liability partnership.	
7.	document with the Secretary of State, the render the selected professional service,	ed by 30-21-901(b), Idaho Code, in the space below, and by filing this artnership agrees that it is duly licensed or otherwise legally authorized to and that it is a professional limited liability partnership.	
	Medicine		
	(if applicable, enter one of the permitte	professional services here. *Check instructions for list of permitted professions)	
8.	Signatures of all partners:	Secretary of State use only	
		IDAHO SECRETARY OF STATE	

Rev. 08/2015

CK:6171 CT:360669 BH:1654371 16 100.00 = 100.00 QUALIF LLP #2

07/19/2018 05:00

J2872