



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2018 AUG -2 AM 8:54

SECRETARY OF STATE
STATE OF IDAHO

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

Mountain Country Family Healthcare, PLLC

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

31911 N 5th Ave Spirit Lake, ID 83869

(Street Address)

PO Box 1671, Spirit Lake, ID 83869

(Mailing Address, if different)

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

Lana Young ARNP-c 105 Grace Rock Rd, Priest River, ID 83856

(Name)

(Address)

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

Lana Young ARNP-c 105 Grace Rock Rd, Priest River, ID 83856

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

PO Box 1671, Spirit Lake, ID 83869

(Address)

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: Lana Young ARNP-C

Signature: *Lana Young ARNP-C*

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/02/2018 05:00

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