



0004938987



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 #: 0004938987

Date Filed: 10/5/2022 2:56:26 PM

Certificate of Organization Limited Liability Company					
Select one: Standard, Expedited or Same Day Service (see descriptions below)					
Standard (filing fee \$100)					
1. Limited Liability Company Name					
Type of Limited Liability Company	Limited Liability Company				
Entity name	Northwoods Medical LLC				
2. The complete street address of the principal office is:					
Principal Office Address	REGISTERED AGENTS INC 784 S. CLEARWATER LOOP STE R POST FALLS, ID 83854				
3. The mailing address of the principal office is:					
Mailing Address	REGISTERED AGENTS INC 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854-9599				
4. Registered Agent Name and Address					
Registered Agent	REGISTERED AGENTS INC Commercial Registered Agent Physical Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854 Mailing Address 784 S CLEARWATER LOOP STE R POST FALLS, ID 83854				
<input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.					
5. Governors					
<table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>Robert Morrison</td> <td>PO BOX 2695 POST FALLS, ID 83877</td> </tr> </tbody> </table>		Name	Address	Robert Morrison	PO BOX 2695 POST FALLS, ID 83877
Name	Address				
Robert Morrison	PO BOX 2695 POST FALLS, ID 83877				
Signature of Organizer:					
<i>Robert Morrison</i>					
Sign Here					
<i>10/05/2022</i>					
Date					