



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 JUN 20 AM 8:50

**SECRETARY OF STATE
STATE OF IDAHO**

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

Artisan Primary Care PLLC

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

185 W 4th Ave, Ste B, Post Falls, ID 83854

(Street Address)

(Mailing Address, if different)

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

James Bailey

185 W 4th Ave, Ste B, Post Falls, ID 83854

(Name)

(Address)

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

James Bailey

185 W 4th Ave, Ste B, Post Falls, ID 83854

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

185 W 4th Ave, Ste B, Post Falls, ID 83854

(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: **James Bailey**

Signature:

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/20/2018 05:00

CK:1512 CT:359452 BH:1649907
IG 100.00 = 100.00 PROF LLC #2

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