



Form Revision Date 07/2016

APPLICATION TO RENEW REGISTRATION OF A LIMITED LIABILITY PARTNERSHIP

For use by DOMESTIC LIMITED LIABILITY PARTNERSHIP

Pursuant to the provisions of Act 72, Public Acts of 1917, as amended, the undersigned execute the following and will operate as a Limited Liability Partnership

1. The name of the partnership is:

NORTHWEST EMERGENCY PHYSICIANS, LLP

2. The identification number assigned by the Bureau is:

801073926

ALL LIMITED LIABILITY PARTNERSHIP TYPES

Principal Office Address:

Street Address: 4075 COPPER RIDGE DR

Apt/Suite/Other:

City: TRAVERSE CITY

State: MI

Zip Code: 49684

Country: United States



This document must be signed by a majority in interest of the partners or by one or more individuals authorized by a majority in interest of the partners:

Signed this 26th Day of October, 2020 by:

Signature	Title	Title if "Other" was selected
DERIK K. KING, MD	Partner	

By selecting ACCEPT, you hereby acknowledge that this electronic document is submitted in compliance with M.G.L. Chapter 156D, Section 2.02, 950 CMR 113.16 and that the information is true...

Decline

Accept

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the APPLICATION TO RENEW REGISTRATION OF A LIMITED
LIABILITY PARTNERSHIP
for

NORTHWEST EMERGENCY PHYSICIANS, LLP

ID Number: 801073926

received by electronic transmission on October 26, 2020 ***, is hereby endorsed.***

Filed on October 27, 2020 ***, by the Administrator.***

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

Expiration Date: November 06, 2021



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 27th day of October, 2020.

Linda Clegg

***Linda Clegg, Interim Director
Corporations, Securities & Commercial Licensing Bureau***