



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: 10850 E. TRAVERSE HWY

Apt/Suite/Other: STE 4400

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 9th Day of September, 2021 by:

Signature	Title	Title if "Other" was selected
DAVID SCHILLINGER, 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*** September 09, 2021 , ***is hereby endorsed.***

***Filed on*** September 13, 2021, ***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, 2022



***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 13th day of September, 2021.***

*Linda Clegg*

***Linda Clegg, Director***

***Corporations, Securities & Commercial Licensing Bureau***