



**CERTIFICATE OF ORGANIZATION  
PROFESSIONAL  
LIMITED LIABILITY COMPANY**

2014 SEP 25 AM 8:39

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

Cory C Harker, PLLC

2. The complete street and mailing addresses of the initial designated office:

1250 Ironwood Dr ste 216 Coeur d'Alene, ID 83814

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Peter Smith

(Name)

601 E Front Ave ste 502, Coeur d'Alene, ID 83814

(Street Address)

4. The name and address of at least one member or manager of the professional limited liability company:

**Name****Address**

Cory C Harker DDS

19323 E 6th Ave Spokane Valley, WA 99016

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

1250 Ironwood Dr ste 216, Coeur d'Alene, ID 83814

6. Future effective date of filing (optional):

7. 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: dentistry

Signature of a manager, member or authorized person.

Signature Cory C HarkerTyped Name: Cory C Harker, DDS

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

09/25/2014 05:00

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