



**CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

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

R.R., M.D., PLLC

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

6220 N. Galewood Dr.; Coeur d' Alene, Idaho 83815

(Street Address)

(Mailing Address, if different than street address)

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

Richard John Robinson, M.D
(Name)

6220 N. Galewood Dr. Coeur d' Alene, Id 83815
(Street Address)

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

<u>Name</u>	<u>Address</u>
Kathleen Ann Robinson	6220 N. Galewood Dr., Coeur d' Alene, Id 83815
Richard John Robinson MD	" " "

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

6220 N. Galewood Dr., Coeur d' Alene, Id 83815

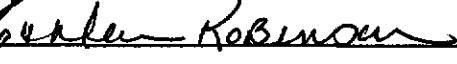
6. Future effective date of filing (optional): _____

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: Medical

Signature of a manager, member or authorized person.

Signature 

Typed Name: Richard John Robinson, M.D.

Signature 

Typed Name: Kathleen Robinson

Secretary of State use only

IDaho SECRETARY OF STATE
08/24/2012 05:00
CX: 10220 CT: 273683 BN: 1337166
1 # 100.00 = 100.00 PROF LLC # 2
1 # 20.00 = 20.00 EXPEDITE C # 3