



**CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY**

11 AUG 10 AM 9:00

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

SANDPOINT PSYCHIATRY, PLLC

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

606 N. THIRD AVE., SUITE 101, SANDPOINT, ID 83864

(Street Address)

(Mailing Address, if different than street address)

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

MARILYN KIMURA, M.D.

(Name)

606 N. THIRD AVE., SUITE 101, SANDPOINT, ID 83864

(Street Address)

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

Name

Address

MARILYN KIMURA, M.D.

606 N. THIRD AVE., SUITE 101, SANDPOINT, ID 83864

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

606 N. THIRD AVE., SUITE 101, SANDPOINT, ID 83864

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: **MEDICINE**

Signature of a manager, member or authorized person.

Signature _____

Typed Name: **MARILYN KIMURA, M.D.**

Signature _____

Typed Name: _____

Secretary of State use only

W105703