

ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY



(Instructions on back of application)

1.	The name of the professional limited liability con Northwest Coagulation Clinic, PLLC	npany is:	
2.	The professional LLC is organized for the practi and bleeding problems.		
3.	The address of the initial registered office is: 50 Located in the county of Kootenai.	993 Courcelles Pkwy., Coeur d Alene, Idano 83815	
	and the name of the initial registered agent is: _	Haluk Tezcan	
4.	Management of the professional limited liability	company will be vested in:	
	☐ Manager(s) ☑ Memb	per(s)	
5.	If management is to be vested in one or more address(es) of at least one manager. If managen name(s) and address(es) of at least one initial	ent is to be vested in one or more manager(s), list the name(s) and of at least one manager. If management is to be vested in members, list the address(es) of at least one initial member.	
	Name	Address	
	Haluk Tezcan	5993 Courcelles Pkwy., Coeur d Alene, ID 83815	
6.	Signature(s) of at least one person responsible	for forming the limited liability company:	
	SignatureHaluk Tezcan	29ld C. p65	
	Capacity Member	ganizatioi 9,2002	
	Signature	zinego o o organiza state of organization or	
	Typed Name	IDAHO SECRETARY OF STATE ODE	

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