



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00

Complete and submit the application in duplicate.

FILED EFFECTIVE

2015 SEP 14 AM 9:38

SECRETARY OF STATE
STATE OF IDAHO

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

John Pennings, MD PLLC

2. The complete street and mailing addresses of the principal office is:

750 N Syringa St. Suite 205

Post Falls

ID 83854

(Street Address)

(City)

(State)

(Zipcode)

(Mailing Address, if different)

(City)

(State)

(Zipcode)

3. Name and street address of registered agent in Idaho:

John Pennings, MD

750 N. Syringa St., Ste 205 Post Falls ID 83854

(Name)

(Address)

(City)

(State)

(Zipcode)

4. The name and address of at least one governor of the limited liability company:

John Pennings, MD 750 N. Syringa St., Ste 205 Post Falls ID 83854

(Name)

(Address)

(City)

(State)

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

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

750 N. Syringa St., Ste 205

Post Falls

ID 838541

(Address)

(City)

(State)

(Zipcode)

6. 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

7. Signature of a manager, member, or an organizer.

Printed Name: John Pennings, MD

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/14/2015 05:00

CK:10645 CT:162241 BH:1492197

10 100.00 = 100.00 PROF LLC #2

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