FILED EFFECTIVE

252

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2013 DEC 19 AM 8:55

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

   Spine Center Surgical Providers, PLLC

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

   1641 E. Polston Ave., Post Falls, Idaho 83854-6245
   (Street Address)

   (Mailing Address, if different than street address)

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

   Jeffrey D. McDonald, MD (Name)
   4320 E. Burchell Dr., Hayden Lake, Idaho 83835 (Street Address)

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

Name	Address
Jeffrey D. McDonald, MD	1641 E. Polston Ave., Post Falls, Idaho 83854-6245

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

   4320 E. Burchell Dr., Hayden Lake, Idaho 83835

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 Jeffrey D McDonald

Typed Name: Jeffrey D. McDonald, MD

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/19/2013 05:00
CK: 6466 CT: 265767 BH: 1482372
1 @ 100.00 = 100.00 PROF LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

cert_org_pllc.pmd Rev. 07/2010

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