



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

**FILED**

09 MAY 26 AM 9:05

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

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

Cycles of Life Health Care PLLC

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

30410 Hwy 200 Ste 101 Ponderay, Idaho 83852  
(Street Address)

(Mailing Address, if different than street address)

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

DONNA FORD PAC  
(Name)

30410 Hwy 200 Ste 101  
(Street Address) Ponderay Idaho 83852

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

DONNA FORD  
Name

101 Ponder Point Dr Sandpoint, Id 83864  
Address

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

30410 Hwy 200 Ste 101 Ponderay, Id 83852

6. Future effective date of filing (optional):

July 1 2009

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: Family Practice Health Care / Medicine

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members)

Signature Donna Ford PA-C

Typed Name: DONNA FORD PA-C

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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Revised 07/2008

IDHO SECRETARY OF STATE  
05/26/2009 05:00  
CK: 1001 CT: 237418 DN: 1171958  
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