



# **CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY**

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 SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

Robert L. Rosin, M.D., PLLC

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

896 West 110 North, Blackfoot, Idaho 83221

(Street Address)

(Mailing Address, if different than street address)

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

Robert L. Rosin M.D.

(Name)

896 West 110 North, Blackfoot, Idaho 83221

(Street Address)

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

**Name****Address**

Robert L. Rosin, M.D.

896 West 110 North, Blackfoot, Idaho 83221

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

896 West 110 North, Blackfoot, Idaho 83221

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

Signature

Typed Name: Robert L. Rosin, M.D.

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

 IDAHO SECRETARY OF STATE  
 11/26/2008 05:00  
 CK: 112 CT: 231777 BH: 1146057  
 1 @ 100.00 = 100.00 PROF LLC # 2  
 1 @ 20.00 = 20.00 EXPEDITE C # 3

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