



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

10 APR -5 AM 8:38

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

John E Gordon, M.D. PLLC

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

~~2516 E Harrison~~ 1200 W. Ironwood Dr., Ste. 306 JG

(Street Address)

Coeur d'Alene, ID 83814

(Mailing Address, if different than street address)

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

R. Scot Haug, CPA

(Name)

917 N Spokane St. Post Falls, ID 83854

(Street Address)

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

Name

Address

John E Gordon

²⁷²⁶
~~2516~~

E Harrison, Coeur d'Alene ID 83814

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

~~2516~~ E Harrison, Coeur d'Alene ID 83814

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: Psychiatrist

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 John E. Gordon

Typed Name: John E Gordon

Signature _____

Typed Name: _____

Secretary of State use only

W92161

IDAHO SECRETARY OF STATE
04/05/2010 05:00
CX: 1142 CT: 246725 RN: 1216140
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