

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

## FILED EFFECTIVE

2013 MAY 15 PM 2: 25

(Instructions on ba	ick of application)  SERE VIATE  ited liability company is:
<ol> <li>The name of the professional lim</li> </ol>	
AmeriCyte Pathology and Forensic Cor	nsultants, PLLC
<ol> <li>The complete street and mailing a 4905 N. Sipple</li> </ol>	addresses of the initial designated office:
(Street Address)	
Spokane, WA 99212 (Mailing Address, if different than street address)	
The name and complete street address	
Northwest Registered Agent, LLC (Name)	105 S 6th STE A / Coeur d'Alene, ID 83814
	(Street Address)
4. The name and address of at least liability company:	one member or manager of the professional limited
Name Kenneth E. Gallagher, M.D.	<u>Address</u>
	4905 N. Sipple / Spokane, WA 99212
Mailing address for future correspond	ndence (annual report notices):
4905 N. Sipple / Spokane, WA 99212	
6. Future effective date of filing (option	nal):
<ol> <li>The limited liability company is a property professions for which members are deprofessional services is: Medicine</li> </ol>	ofessional company, and the principal profession or uly licensed or otherwise legally authorized to render
Signature of a manager, member or person.	authorized
Signature Lemen E Allaghu	Secretary of State use only
Typed Name: Kenneth E. Gallagher, M.D.	<del></del>
Signature	
Typed Name:	05/15/2012 05 05