



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE **PROFESSIONAL** **LIMITED LIABILITY COMPANY**

2013 DEC -4 AM 9:04

(Instructions on back of application)

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

Dr. Richard J. Robinson M.D., PLLC

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

6220 N. Galewood Dr. Coeur d' Alene, Idaho 83815

(Street Address)

(Mailing Address, if different than street address)

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

Dr. Richard J. Robinson M.D.

(Name)

6220 N. Galewood Dr, Coeur d' Alene, Id 83815

(Street Address)

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

Name

Address

Dr. Richard J. Robinson M.D.

6220 N. Galewood Dr., Coeur d' Alene, Idaho 83815

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

6220 N. Galewood Dr., Coeur d' Alene, Idaho 83815

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 / Medicine

Signature of a manager, member or authorized person.

Signature Dr. Richard J. Robinson

Typed Name: Dr. Richard J. Robinson

Signature _____

Typed Name: _____

Secretary of State use only

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 12/04/2013 05:00
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