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CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2009 OCT -8 PM 4:21

 SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

North Idaho Surgery, PLLC

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

3741 West Fairway Drive

(Street Address)

Coeur d'Alene, ID 83815

(Mailing Address, if different than street address)

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

John P. Lundebly, M.D.

(Name)

3741 West Fairway Drive, 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
John P. Lundebly, M.D.
3741 West Fairway Drive, Coeur d'Alene, ID 83815

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

3741 West Fairway Drive, Coeur d'Alene, ID 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: practice of 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:

Scott L. Simpson, Attorney

Signature

Typed Name:

Secretary of State use only

W 87501

 IDAHO SECRETARY OF STATE
10/08/2009 05:00
CK: 328558 CT: 172099 BH: 1198418
1 @ 100.00 = 100.00 PROF LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

 Scan to e-file
Revised 6/2008