CERTIFICATE OF ORGANIZATION FILED EFFECTIVE PROFESSIONAL 2013 FEB 19 AM 9: 59 LIMITED LIABILITY COMPANY

1. The	Instructions on be name of the professional li	pack of application) STATE OF IDAHO wited liability company is:	
	ı	Robert L. Coray MD, PLLC	
2. The	The complete street and mailing addresses of the initial designated office:		
	North 4000 West, Rexburg, Idaho Street Address)	83440	
1)	Mailing Address, if different than street add	ress)	
3. The	e name and complete street	address of the registered agent:	
	obert L. Coray Name)	31 North 4000 West, Rexburg, Idaho 83440 (Street Address)	
	oility company:	st one member or manager of the professional limited	
<u>Ro</u>	<u>Name</u> obert L. Coray	Address 31 North 4000 West, Rexburg, Idaho 83440	
	iling address for future corres	spondence (annual report notices): 83440	
6. Fut	ture effective date of filing (op	otional):	
pro		a professional company, and the principal profession or are duly licensed or otherwise legally authorized to render	
Signatu person.	ure of a manager, member	or authorized	
1	/14/	Secretary of State use only	
Signatu			
	Name: Robert L. Coray		
Signatu			
Typed N	Name:	02/19/2013 05:0	3 0

cert_org_plic.pmd Rev. 07/2010

CK: 2233 CT: 22233 BH: 1360803 1 0 100.00 = 100.00 PROF LLC # 2