



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

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SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

Riverside Orthopaedic Clinic, PLLC

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

1050 SW 3rd Ave., Suite 1200, Ontario, OR 97914

(Street Address)

(Mailing Address, if different than street address)

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

Wayne R. Ipsen

13001 W. Woodspring St., Boise, ID 83713

(Name)

(Street Address)

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

**Name**

**Address**

Richard T. Davis, MD, P.C.

1756 Venice Dr., South Lake Tahoe, CA 96150

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

1050 SW 3rd Ave., Suite 1200, Ontario, OR 97914

6. Future effective date of filing (optional):

January 1, 2009

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: Orthopaedic 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 Wayne R. Ipsen

Typed Name: Wayne R. Ipsen

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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Revised 07/2008

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12/11/2008 05:00  
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