



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 OCT 27 AM 8:22

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Doctor Annette Hasalone, LLC

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

4353 E. Poleline Ave.

(Street Address)

Post Falls, Idaho 83854

(Mailing Address, if different than street address)

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

Annette Hasalone

(Name)

4353 E. Poleline Ave.

(Street Address)

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

**Name**

**Address**

Annette Hasalone

4353 E. Poleline Ave., Post Falls, Idaho 83854

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

4353 E. Poleline Ave., Post Falls, Idaho 83854

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Annette Hasalone

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/27/2010 05:00  
CK: 21521 CT: 219068 BH: 1244783  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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