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	(Instructions on back of application)				5	SECHILL Y OF STATE OF ID	
1.	The name of the professional limited	d liability compar	ny is:			(i) ii 2 3 1 11	
	Richard	R. Samuel, MD, P	LLC				
2.	The complete street and mailing addresses of the initial designated/principal office:						
	8880 N. Hess St. Suite #1 Hayden, Idaho 83835						
	(Street Address)						
	(Mailing Address, if different than street address)					<del></del>	
3.	The name and complete street address of the registered agent:						
	Richard R. Samuel, MD	8880 N. Hess St.	Suite #1	Hayden,	ldaho	83835	
	(Name)	(Street Address)		······································	=		
	Name Richard R. Samuel, MD Donna S. Samuel	8880 N. Hess St. 8880 N. Hess St.	Suite #1	ress Hayden, Hayden,			
5.	Mailing address for future correspondence (annual report notices):						
	8880 N. Hess Suite #1 Hayden, Idaho 83835						
6.	Future effective date of filing (optional):						
7.	The limited liability company is a proprofessions for which members are disprofessional services is: medical services	uly licensed or otl	-	-			
_	nature of a manager, member or					···········	
	son.			Secretary of S	tate use	only	
Sig	nature Soland L. Hamm	e, mo				••	

Typed Name: Richard R. Samuel, MD

Signature Yorna S. Samuel

Typed Name: Donna S. Samuel

IDAHO SECRETARY OF STATE

01/20/2011 05:00

CK: 7546 CT: 254544 BH: 1256119
1 @ 100.00 = 100.00 PROF LLC # 2

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