



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE
PROFESSIONAL
LIMITED LIABILITY COMPANY

2013 APR 25 AM 10:22
*SECRETARY OF STATE
 STATE OF IDAHO*

(Instructions on back of application)

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

Action Orthopedics and Sports Medicine, PLLC

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

210 Lakeview Drive

(Street Address)

Coeur D'Alene, ID 83814

(Mailing Address, if different than street address)

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

Connor W. Quinn, M.D.

(Name)

210 Lakeview Drive, Coeur D'Alene, ID 83814

(Street Address)

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

Name

Connor W. Quinn, M.D.

Address

210 Lakeview Drive, Coeur D'Alene, ID 83814

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

210 Lakeview Drive, Coeur D'Alene, ID 83814

6. Future effective date of filing (optional): n/a

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: Medicine

Signature of a manager, member or authorized person.

Signature

Barry G Ziker

Typed Name: Barry G. Ziker, Attorney

Signature

Typed Name: _____

Secretary of State use only

IDaho SECRETARY OF STATE
 04/25/2013 05:00
 CK: 3355 CT: 282381 BH: 137105
 1 @ 100.00 = 100.00 PROF LLC # 2
 1 @ 26.00 = 26.00 EXPEDITE C # 3