

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY



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	(Instructions on back of application)	STATE OF IDAH
1.	The name of the professional limited liability company is:	OWNE OF IDAH

	HENNEBERG & KIM OBGYN, PLLC			
2.	The complete street and mailing addresses of the initial designated office:			
	980 W Ironwood Drive, Suite 304, Coeur d'Alene, Idaho 83814			
	(Street Address)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Andrew A. Henneberg, M.D.	980 W Ironwood Dr., Ste 304, Coeur d'Alene, ID 83814		
	(Name)	(Street Address)		
4.	The name and address of at least one member or manager of the professional limited liability company:			
	Name D. Anthony Henneberg, M.D.	Address 980 W Ironwood Dr., Ste. 304, Coeur d'Alene, ID 83814		
	R. Randel Henneberg, M.D.	980 W Ironwood Dr., Ste. 304, Coeur d'Alene, ID 83814		
	Andrew A. Henneberg, M.D.	980 W Ironwood Dr., Ste. 304, Coeur d'Alene, ID 83814		
	John J. Kim, M.D.	980 W Ironwood Dr., Ste. 304, Coeur d'Alene, ID 83814		
5.	Mailing address for future corres	spondence (annual report notices): r d'Alene, ID 83814		
6.	Future effective date of filing (or	otional): January 1, 2012		
7.	professions for which members a	a professional company, and the principal profession or are duly licensed or otherwise legally authorized to render ledicine		
Sig	nature of a manager, member	or authorized		
oer	son.	Secretary of State use only		
_	nature			
Тур	ed Name: Peter J. Smith IV, Attorne	y at Law		
Sig	nature	TRAND OFFITADE OF STATE		
Тур	ed Name:	IDANO SECRETARY OF STATE 12/29/2011 05:00 CX: 281988 CT: 4268 BH: 1383719 18.188.68 = 166.69 PROFILE # 2		

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