



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 NOV 17 AM 9:27

SECRETARY OF STATE
STATE OF IDAHO

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

Coeur d'Alene Plastic Surgery P.LLC

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

1875 N Lakewood Dr. Suite 200 Coeur d'Alene Idaho 83814

(Street Address)

Same

(Mailing Address, if different than street address)

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

Dr. Kate Kuhlman-Wood, M.D

(Name)

1875 N Lakewood Dr. Suite 200 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

Address

Dr. Kate Kuhlman-Wood, M.D

1875 N Lakewood Dr. Suite 200 Coeur d'Alene ID 83814

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

1875 N Lakewood Dr. Suite 200 Coeur d'Alene Idaho 83814

6. Future effective date of filing (optional): _____

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 _____

Typed Name: Kate Kuhlman-Wood

Signature _____

Typed Name: _____

Phone # 208-758-0716

Secretary of State use only

IDAHO SECRETARY OF STATE

11/17/2014 05:00

CK:1461 CT:303258 BH:1449581

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