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	CERTIFICATE OF C		10 AUG 13 AM 8: 24
	LIMITED LIABILI		SECRED BY OF STATE
	(Instructions on back	of application)	STATE OF IDAHO
1. Ti	ne name of the limited liability con	npany is:	
-	Коо	tenal Audiology, LLC	
7	ne complete street and mailing add 100 Ironwood, Suite 236, Coeur d'Alene, I Street Address)	-	nated/principal office:
	Mailing Address, if different than street address)		
	ie name and complete street addr	ess of the registered agen	it:
••			
_	Robert Farr, M.D.	700 Ironwood, Suite 236, Coo (Street Address)	eur d'Alene, ID 83814
Ų		(ouddi Auuisao)	
	e name and address of at least or mpany:	ne member or manager of	the limited liability
_	Name	Addr	
-	obert Farr, M.D.	700 Ironwood, Suite 236, Cod	
-	had McCormick, M.D.	700 Ironwood, Suite 236, Co	eur d'Alene, ID 83814
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  5. Ma	illing address for future correspond	dence (annual report notic	
	illing address for future correspond 00 Ironwood, Suite 236, Coeur d'Alene, II	•	es):
7(	00 Ironwood, Suite 236, Coeur d'Alene, II	D 83814	•
7(	•	D 83814	•
<u>71</u> 6. Fu	00 Ironwood, Suite 236, Coeur d'Alene, II ture effective date of filing (optiona	D 83814	•
<u>7(</u> 6. Fu Signat	00 Ironwood, Suite 236, Coeur d'Alene, I ture effective date of filing (optiona ure of a manager, member or a	D 83814	•
6. Fu Signat	20 Ironwood, Suite 236, Coeur d'Alene, II ture effective date of filing (optiona ure of a manager, member or	D 83814	•
5. Fu ignat erson	20 Ironwood, Suite 236, Coeur d'Alene, II ture effective date of filing (optiona ure of a manager, member or a	D 83814	• • • • • • • • • • • • • • • • • • • •
71 6. Fu Bignat Berson	20 Ironwood, Suite 236, Coeur d'Alene, II ture effective date of filing (optiona ure of a manager, member or	D 83814	• • • • • • • • • • • • • • • • • • • •
6. Fu Signat Signati	D0 Ironwood, Suite 236, Coeur d'Alene, II ture effective date of filing (optiona ure of a manager, member or a ure	D 83814	cretary of State use only IDAHO SECRETARY OF STATE
6. Fu Bignat Bignati Signati	20 Ironwood, Suite 236, Coeur d'Alene, II ture effective date of filing (optiona ure of a manager, member or a	D 83814	cretary of State use only

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