

FILED



ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

2006 MAR 10 AM 9:23

SECRETARY OF STATE

- The name of the professional limited liability company is:
Vanishing Veins, P.L.L.C.
- The professional LLC is organized for the practice in the profession of: medicine
- The address of the initial registered office is: 2512 E. Black Forest Avenue, Post Falls, ID 83854
and the name of the initial registered agent is: Keith D. Brown
- Management of the professional limited liability company will be vested in:
☐ Manager(s) ☒ Member(s)
- If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member.

Name

Address

Rodney Raabe, M.D.

6316 S. Auer St., Spokane, WA 99223

- Signature(s) of at least one person responsible for forming the limited liability company:

Signature

Typed Name

Peter J. Grabicki

Capacity

Organizer

Signature

Typed Name

Capacity

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Revised 09/2002

Web Form

W4 8395

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03/10/2006 05:00
CK: 82316 CT: 5058 BH: 942483
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