25: 11:4	CERTIFICATE OF ORGA PROFESSIONAL LIMITED LIABILITY CO Title 30, Chapters 21 and 25, Idaho Cod Filing fee: \$100 typed, \$120 not typed Complete and submit the application in d	MPANY °	
1.	The name of the professional limited liability company is: Summit Foot & Ankle, PLLC		
2.	The complete street and mailing addresses of the principal office is: <u>Twin Gables Medical Center 914 Ironwood Drive Suite #202</u> Coeur d'Alene, ID 83814 (Street Address)		
3.	(Mailing Address, if different) Name and street address of registered agent <u>in Idaho</u> :		
	Eric Rindlisbacher 914 Ironwo (Name) (Address)	bod Drive Su	uite #202 Coeur d'Alene, ID 83814
4.	The name and address of at least one governor of the limited liability company:         Eric Rindlisbacher       914 Ironwood Drive Suite #202 Coeur d'Alene, ID 83814         (Name)       (Address)		
	(Name) (Address)		
5.	(Name)       (Address)         Mailing address for future correspondence (annual report notices):         914 Ironwood Drive Suite #202 Coeur d'Alene, ID 83814         (Address)		
6.	3. 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:           Podiatry		
		Γ-	Secretary of State use only
Sig	Signature of a manager, member, or an organizer.  nted Name:		IDAHO SECRETARY OF STATE 04/18/2017 05:00 CX:5009 CT:338194 BH:1579783 10 100.00 = 100.00 PROF LLC #2 10 20.00 = 20.00 EXPEDITE C #3
Sig	nature:	Rev. 08/2015	W181390