



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2013 APR 15 AM 9:45

 SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Crosland Health Care Consulting PLLC

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

244 Sweetgrass Lane, Sandpoint, ID 83864

(Street Address)

(Mailing Address, if different than street address)

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

Laron R. Crosland

(Name)

244 Sweetgrass Lane, Sandpoint, ID 83864

(Street Address)

4. The name and address of at least one member or manager of the professional limited liability company:

Name

Address

Laron R. Crosland

244 Sweetgrass Lane, Sandpoint, ID 83864

Miquelle R. Crosland

244 Sweetgrass Lane, Sandpoint, ID 83864

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

244 Sweetgrass Lane, Sandpoint, ID 83864

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: Family Medicine

Signature of a manager, member or authorized person.

Signature

Typed Name: Laron R. Crosland

Signature

Typed Name: Miquelle R. Crosland

Secretary of State use only

IDAHO SECRETARY OF STATE
04/15/2013 05:00
CK: 1362728 CT: 172099 BH: 1369501
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