W345

ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)



		950KE121.5560
	The name of the professional limited lial	SECRETAL OF IDAHO STATE OF IDAHO
	ASCENSION PSYCHIATRIC SERV	ICES, PLLC
	The professional limited liability company is organized for the practice of the profession(s	
of: PSYCHIATRIC, PSYCHOLOGIC COUNSELING, AND RELATED HEALTH AND WELLNESS SERVICES TO THE COMMUNITY		
		The address of the initial registered office is 591 PARK AV STE 302
-	IDAHO FALLS ID 83402-357	(not a PO Box), and the name of the
	initial registered agent at that address is	
	2	
	Signature of registered agent:	1).4 mg 11
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	The latest date certain on which the pro-	fessional limited liability company will dissolve is:
	JANUARY 1, 2028	- · ·
•		
		manager(s), list the name(s) and address(es) of
		nt is vested in the members, list the name(s) and
	address(es) of at least one member.	
	address(es) of at least one member. <u>Name:</u>	Address:
	address(es) of at least one member.	Address:
	address(es) of at least one member. <u>Name:</u>	Address:
	address(es) of at least one member. <u>Name:</u>	Address: 591 PARK AV STE 302. DIAHO FALL:
	address(es) of at least one member. <u>Name:</u>	Address: 591 PARK AV STE 302. DIAHO FALL:
	address(es) of at least one member. <u>Name:</u>	Address: 591 PARK AV STE 302. DIAHO FALL:
	address(es) of at least one member. <u>Name:</u>	Address: 591 PARK AV STE 302. DIAHO FALL
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	address(es) of at least one member. <u>Name:</u>	Address: 591 PARK AV STE 302. DIAHO FALL
	address(es) of at least one member. <u>Name:</u>	Address: 591 PARK AV STE 302. DIAHO FALL: IDAHO 83042-3573
	address(es) of at least one member. Name: GARY D CHAIKIN, MD	Address: 591 PARK AV STE 302. DIAHO FALL: IDAHO 83042-3573
	address(es) of at least one member. Name: GARY D CHAIKIN, MD Signature(s) of at least one person listed	Address: 591 PARK AV STE 302. DIAHO FALL: IDAHO 83042-3573 d in #6 Secretary of State use only
	address(es) of at least one member. Name: GARY D CHAIKIN, MD Signature(s) of at least one person listed	Address: 591 PARK AV STE 302. DIAHO FALL: IDAHO 83042-3573 d in #6 Secretary of State use only
	address(es) of at least one member. Name: GARY D CHAIKIN, MD Signature(s) of at least one person listed	Address: 591 PARK AV STE 302. DIAHO FALL: IDAHO 83042-3573 Jin #6 Secretary of State use only IDAHO SECRETARY OF STATE 01/09/1997 0900 538
	address(es) of at least one member. Name: GARY D CHAIKIN, MD Signature(s) of at least one person listed	Address: 591 PARK AV STE 302. DIAHO FALL: IDAHO 83042-3573 June 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	address(es) of at least one member. Name: GARY D CHAIKIN, MD Signature(s) of at least one person listed	Address: 591 PARK AV STE 302. DIAHO FALL: IDAHO 83042-3573 June 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	address(es) of at least one member. Name: GARY D CHAIKIN, MD Signature(s) of at least one person listed	Address: 591 PARK AV STE 302. DIAHO FALL: IDAHO 83042-3573 January of State use only BAHD SECRETARY OF STATE 01/09/1997 0900 538