

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

04 JAN -8 PM 4: 44

(Instructions on back of application) SEUNE 1997 OF STATE

| | The control of the co | SIA! L. C. | IUAHU | |
|-------|--|--|---------------------------------------|--|
| 1. | The name of the limited liability co | mpany is: | | |
| | Med Prop, LLC | | | |
| 2. | The street address of the initial re | ne street address of the initial registered office is: | | |
| | 333 N 1st Street, Suite 160, Boi | | | |
| | and the name of the initial registered agent at the above address is: Samuel Jorgenson, M.D. | | | |
| | | | | |
| 3. | The mailing address for future correspondence is: | | | |
| | 333 N 1st Street, Suite 160, Boise, ID 83702 | | | |
| 4. | . Management of the limited liability company will be vested in: | | | |
| | Manager(s) v or Member(s) | (please check the appropriate box) | | |
| | 5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member. | | | |
| | Name | Address | | |
| | Sam Jorgenson, M.D. | 333 N 1st Street, Suite 160, Boise, ID | 00700 | |
| | | | 03/02 | |
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| 6. \$ | Signature of at least one person res | ponsible for forming the limited liability com | npanv: | |
| S | ignature: | | | |
| | yped Name: L. Victoria Meier | Zalion of | , O.N., | |
| C | apacity: Ozganize | Secretary of State use IDAHO SECRE SECRETARY OF STATE O | | |
| S | ignature | IDAHO SECRE 01/09/20 | TARY OF STATE | |
| T | yped Name: | CK: none CT: | 19368 BH: 728711 19.08 ORGAN LICH: | |
| | apacity: | Rea | | |

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