

FILED EFFECTIVE



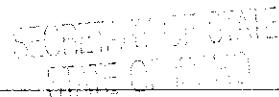
# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2006 FEB 17 AM 9:31

1. The name of the limited liability company is:

Jeniland, LLC



2. The street address of the initial registered office is:

873 West Quarter Drive, Eagle, ID 83642

and the name of the initial registered agent at the above address is:

Vicki L. Wooll, M.D., MPH

3. The mailing address for future correspondence is:

873 West Quarter Drive, Eagle, ID 83642

4. Management of the limited liability company will be vested in:

Manager(s)  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

Vicki L. Wooll, M.D., MPH 873 West Quarter Drive, Eagle, ID 83642

6. Signature of at least one person responsible for forming the limited liability company:

Signature: Vicki L. Wooll

Secretary of State use only

Typed Name: Vicki L. Wooll, M.D., MPH

Capacity: President and Owner

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

9 corpform LLC Form 1000  
Revised 07/2002

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02/17/2006 05:00  
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