

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

	ARTICLES OF OR LIMITED LIABILIT	GANIZATION OF COMPANY	TARY OF STATE	
1	(Instructions on back of	of application)	(ARY 0, 21	
	he name of the limited liability comp IDAHO MEDICAL TRANSPORT, LL	oany is: C	DAHOATE	
	he street address of the initial regist 1924 PREAKNESS AVE. (Coeur d'A	ered office is:		
	nd the name of the initial registered Todd Ivankovich	agent at the above address is:		
3. T	3. The mailing address for future correspondence is:			
1924 PREAKNESS AVE. (COEUR D'ALENE,ID 83815)				
4. T	he limited liability company will be:			
М	lanager-managed	managed 🗹 (please check the appropri	riate box)	
5. If	manager-managed, list the name(s)	and address(as) of at least one ini		
lf	member-managed, list the name(s)	and address(es) of at least one init Address	itial manager. iial member.	
lf	member-managed, list the name(s) Name	and address(es) of at least one init Address	tial member. %381	
If	member-managed, list the name(s) Name TODD IVANKOVICH	and address(es) of at least one init	tial member. &38/5 D'ALENE, <u>TD</u>	
If	member-managed, list the name(s) Name TODD IVANKOVICH	and address(es) of at least one init Address 1924 PREAKNESS AVE.(COEUR	tial member. &38/5 D'ALENE, <u>TD</u>	
If	member-managed, list the name(s) Name TODD IVANKOVICH	and address(es) of at least one init Address 1924 PREAKNESS AVE.(COEUR	tial member. &38/5 D'ALENE, <u>TD</u>	
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If	member-managed, list the name(s) Name TODD IVANKOVICH	and address(es) of at least one init Address 1924 PREAKNESS AVE.(COEUR) 335 EAST TIGER AVE.POST FALI	S38IS D'ALENE, ID LS,ID83854	
If	member-managed, list the name(s) Name TODD IVANKOVICH MARSHEL PRUIETT gnature of at least one person responses to the content of the cont	and address(es) of at least one init Address 1924 PREAKNESS AVE.(COEUR) 335 EAST TIGER AVE.POST FALI Insible for forming the limited liability	S3815 D'ALENE, ID LS,ID83854 by company:	
If	member-managed, list the name(s) Name TODD IVANKOVICH MARSHEL PRUIETT gnature of at least one person response.	and address(es) of at least one init Address 1924 PREAKNESS AVE.(COEUR) 335 EAST TIGER AVE.POST FALI	S3815 D'ALENE, ID LS,ID83854 by company:	

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