

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

 10 MAR -5 PM 4:04
 SECRETARY OF STATE
 STATE OF IDAHO

1. The name of the limited liability company is:

IDAHO MUSCULOSKELETAL MANAGEMENT COMPANY, LLC

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

6500 Emerald Street, Boise, Idaho 83704

(Street Address)

(Mailing Address, if different than street address)

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

William Lindner, M.D.

(Name)

6500 Emerald Street, Boise, Idaho 83704

(Street Address)

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

Name

William Lindner, M.D.

Address

6500 Emerald Street, Boise, Idaho 83704

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

6500 Emerald Street, Boise, Idaho 83704

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature _____

Typed Name: William Lindner, M.D.

Secretary of State use only

Signature _____

Typed Name: _____

 LLC Form 100
 Revised 07/2008

 IDAHO SECRETARY OF STATE
 03/05/2010 05:00
 CK: 10295 CT: 1626 BH: 1211196
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