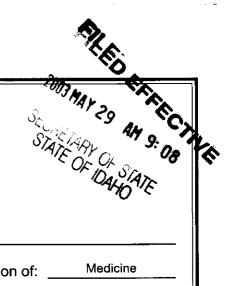


ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY



(Instructions on back of application)

| 1. | The name of the professional limited liability company is: Family Health Care of Post Falls, PLLC | |
|----|---|---|
| 2. | The professional LLC is organized for the pract | tice in the profession of: Medicine |
| 3. | The address of the initial registered office is: | 1110 E. Polston Ave., Suite 1, Post Falls, ID 83854 |
| | and the name of the initial registered agent is: _ | Richard R. Samuel, M.D. |
| 4. | Management of the professional limited liability company will be vested in: Manager(s) Member(s) | |
| | | |
| 5. | If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member. | |
| | Name | Address |
| | Richard R. Samuel, M.D. | P.O. Box 969 |
| | | Post Falls, Idaho 83877-0969 |
| | Paul F. Brillhart, M.D. | P.O. Box 969 |
| | | Post Falls, Idaho 83877-0969 |
| | Signature(s) of at least one person responsible for forming the limited liability company: | |
| | Signature Richard R. Samuel, M.D. | Plc.p6S |
| | Capacity Member | hization J |
| | Signature J.J. Auto | IDAHO SECRETARY OF STATE |
| | Typed Name Paul F. Brillhart, M.D. Capacity Member | K: 4469 CT: 87354 BH: 683134 1 0 198.98 = 198.98 PROF LLC 1 |
| | Capacity | — ab |

W24452