



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

05 APR -7 AM 11:06

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ALLIANCE PROVIDERS, LLC

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

101 S. Capitol Blvd., Suite 1900, Boise, ID 83702

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

Paul M. Boyd

3. The mailing address for future correspondence is:

6348 W. Emerald St., Boise, ID 83704

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
<u>David Peterman, M.D.</u>	<u>6348 W. Emerald St., Boise, ID 83704</u>
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6. Signature of at least one person responsible for forming the limited liability company:

Signature: *Paul M. Boyd*

Typed Name: Paul M. Boyd

Capacity: Organizer

Secretary of State use only

Signature

Typed Name:

Capacity:

Idaho Form 1001, LLC Form is an informational document only. Revised 07/2002

IDAHO SECRETARY OF STATE
04/07/2005 05:00
CK: 302960 CT: 7012 BH: 803330
1 @ 100.00 = 100.00 ORGAN LLC # 3

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