## PROFESSIONAL LIMITED LIABILITY COMPANY ARTICLES OF ORGANIZATION

(Instructions on back of application)

(	MAHO
The name of the professional limite	ed liability company is:
	P.L.L.C.
	mpany is organized for the practice of the profession(s)
The address of the initial registered	d office is 696 S. Bellin Rd. Idaho Falls, ID (not a PO Box)
83402	, and the name of the
initial registered agent at that add	Part M Davis
Signature of registered agent:	Just film 5
Is management of the limited liabil  ☑ Yes	lity company vested in a manager or managers?  No (check appropriate box)
least one initial manager. If mana address(es) of at least one members	per.
least one initial manager. If mana	igement is vested in the mornsols, and
least one initial manager. If mana address(es) of at least one member Name:	eer.  Address:
least one initial manager. If mana address(es) of at least one members	per.  Address:
least one initial manager. If mana address(es) of at least one member Name:	per.  Address:
least one initial manager. If mana address(es) of at least one member Name:	per.  Address:
least one initial manager. If mana address(es) of at least one member Name:	per.  Address:
least one initial manager. If mana address(es) of at least one member Name:	per.  Address:
least one initial manager. If mana address(es) of at least one member Name:	eer.  Address:
least one initial manager. If mana address(es) of at least one member Name:  Ron W. Porter, MD	Address:  3355 S. Holmes, Idaho Falls, ID 83404
least one initial manager. If mana address(es) of at least one member Name:	Address:  3355 S. Holmes, Idaho Falls, ID 83404
least one initial manager. If mana address(es) of at least one member Name:  Ron W. Porter, MD  Signature(s) of at least one person	Address:  3355 S. Holmes, Idaho Falls, ID 83404
least one initial manager. If mana address(es) of at least one member Name:  Ron W. Porter, MD  Signature(s) of at least one person	Address:  Address:  3355 S. Holmes, Idaho Falls, ID 83404  on listed in #6  Secretary of State use only
least one initial manager. If mana address(es) of at least one member Name:  Ron W. Porter, MD  Signature(s) of at least one person	Address:  Address:  3355 S. Holmes, Idaho Falls, ID 83404  on listed in #6  Secretary of State use only
least one initial manager. If mana address(es) of at least one member Name:  Ron W. Porter, MD  Signature(s) of at least one person	Address:  Address:  3355 S. Holmes, Idaho Falls, ID 83404  on listed in #6  Secretary of State use only  IDANO SECRETARY OF STATE
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