

W 1807

PROFESSIONAL

# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

To the Secretary of State of Idaho,  
Statehouse, Boise, Idaho 83720

DEC 10 8 41 AM '95  
SECRETARY OF STATE  
STATE OF IDAHO



1. The name of the limited liability company is: SMITH & REA DIGESTIVE HEALTH  
CENTER, R.L.L.C.
- (organized for medical services)
2. The address of the initial registered office is: 911 WEST IDAHO, BOISE, IDAHO 83701  
(not a PO Box)
- \_\_\_\_\_ and the name of the initial registered agent at that address is: IDAHO SERVICE COMPANY
- Signature of registered agent: Idaho Service Company  
By: [Signature]
3. The latest date certain on which the limited liability company will dissolve: December 31, 2050

4. Is management of the limited liability company vested in a manager or managers?  
☐ Yes ☒ No (check appropriate box)

5. If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one initial member.

Name:

Address:

Ted L. Rea, M.D.

284 Martin Street, Twin Falls, Idaho 83301

Kent Smith, M.D.

284 Martin Street, Twin Falls, Idaho 83301

6. Signature of at least one person listed in #5 above:

[Signature: Kent Smith]  
[Signature: Ted Rea]

Secretary of State use only

IDAHO SECRETARY OF STATE  
DATE RECEIVED JAN 02/01

OK #: 2057 CUST# 63020

ORGAN LLC

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