	FILED EFFECT
6 ¥ 26 \ \	ORGANIZATION LITY COMPANY
(Instructions on b	pack of application)
1. The name of the limited liability of	company is:
St. Joseph's Ear, Nose & Thro	at Clinic, L.L.C.
2. The street address of the initial re-	egistered office is:
323 N. Spokane Street, Suite	100, Post Falls, ID 83854
and the name of the initial registe	ered agent at the above address is:
Thomas R. deTar	
3. The mailing address for future co	prrespondence is:
323 N. Spokane Street, Suite	
4. Management of the limited liabili	ty company will be vested in:
	✓ (please check the appropriate box)
address(es) of at least one initial	one or more manager(s), list the name(s) and I manager. If management is to be vested in the
5. If management is to be vested in address(es) of at least one initial	one or more manager(s), list the name(s) and
5. If management is to be vested in address(es) of at least one initial member(s), list the name(s) and	one or more manager(s), list the name(s) and I manager. If management is to be vested in the address(es) of at least one initial member.
5. If management is to be vested in address(es) of at least one initial member(s), list the name(s) and Name	one or more manager(s), list the name(s) and I manager. If management is to be vested in the address(es) of at least one initial member. Address
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 5. If management is to be vested in address(es) of at least one initial member(s), list the name(s) and Name Thomas R. deTar Michael Erik Gilbert 6. Signature of at least one person 	responsible for forming the limited liability company:
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