

ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

OB APR 25 AM 8: 38
SECRETARY OF STATE
STATE OF IDAHO

| 1. The name of the profe | essional limited liability Neonatal S | y company is: Specialists PLLC |
|--|--|---|
| 2. The professional LLC | is organized for the p | practice in the profession of: Medicine |
| 3. The address of the in | nitial registered office in | is: 5365 S Tappan Falls Dr Idaho Falls, ID 83406 |
| and the name of the initial registered agent is: | | is: Alysha K Jenkins |
| 4. Management of the p | professional limited liab | bility company will be vested in: |
| | Manager(s) | lember(s) |
| address(es) of at lea | be vested in one or mast one manager. If mass(es) of at least one in | nore manager(s), list the name(s) and name an agement is to be vested in members, list the nitial member. |
| ngu say Jakab Kalay Name - | ne de la companya de | Address |
| Alysha K Jenkins | | 5365 S Tappan Falls Dr Idaho Falls, ID 83406 |
| C. M. Carlotte Commission of the Commission of t | and the second | |
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| | st one person responsi | ible for forming the limited liability company: |
| Typed Name | Alysha K Jenkins | |
| Capacity m Signature Typed Name | Manager | IDAHO SECRETARY OF STATE |
| Capacity | | CK: 440 CT: 225358 BH: 11115 |

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