

FILED EFFECTIVE



ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

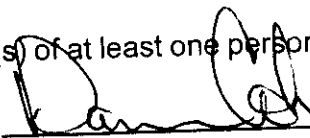
(Instructions on back of application)

2004 NOV 26 AM 9:37
STATE OF IDAHO

- The name of the professional limited liability company is:
MAGIC VALLEY WOMEN'S HEALTH CLINIC, PLLC
- The professional LLC is organized for the practice in the profession of: MEDICAL SERVICES
- The address of the initial registered office is: 630 ADDISON WEST #210 TWIN FALLS ID 83301
and the name of the initial registered agent is: DARREN W. COLEMAN, M.D.
- Management of the professional limited liability company will be vested in:
☐ Manager(s) ☒ Member(s)
- If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member.

Name	Address
<u>DARREN W. COLEMAN, M.D., P.C.</u>	<u>630 ADDISON W #210 TWIN FALLS ID 83301</u>
<u>E. MONTE CRANDALL, M.D., P.C.</u>	<u>630 ADDISON W #210 TWIN FALLS ID 83301</u>
<u>DONALD E. SMITH, M.D., P.C.</u>	<u>630 ADDISON W #210 TWIN FALLS ID 83301</u>
<u>DAVID C. ALLEN, M.D., P.C.</u>	<u>630 ADDISON W #210 TWIN FALLS ID 83301</u>
<u>MARC T. ASTIN, M.D., P.C.</u>	<u>630 ADDISON W #210 TWIN FALLS ID 83301</u>

- Signature(s) of at least one person responsible for forming the limited liability company:

Signature 
 Typed Name DARREN W. COLEMAN, M.D., P.C.
 Capacity MEMBER

Signature _____
 Typed Name _____
 Capacity _____

g:\corporate\forms\articles of organization_pllc.p65
Revised 09/2002

IDAHO SECRETARY OF STATE
 11/26/2004 05:00
 CK: 11924 CT: 178134 DN: 778649
 1 @ 100.00 = 100.00 PROF LLC # 2

W34757