

ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

		R _I
ARTICLES OF OR PROFESSIONA	L LIMITED	MEDERAL SEES
LIABILITY CO	OMPANY	
(Instructions on back	of application)	The state of the s
The name of the professional limited Teto	liability company is: on Medical Group PLLC	SECRETARIA DE LA CARRA STARE CONTRA LA CARRA DE LA CAR
The professional LLC is organized for	r the practice in the profe	ession of: Medical Care
The address of the initial registered o	office is: 2503 Harol	d Dr. Idaho Falls, ID 83402
and the name of the initial registered a	agent is:T	homas Jones, MD
☐ Manager(s) management is to be vested in one	Or more manager(s) lie	t the name(s) and
f management is to be vested in one didress(es) of at least one manager.	. If management is to be one initial member.	t the name(s) and e vested in members, list the ddress
management is to be vested in one ddress(es) of at least one manager. ame(s) and address(es) of at least o	. If management is to be one initial member. A	e vested in members, list the
If management is to be vested in one address(es) of at least one manager. name(s) and address(es) of at least o	. If management is to be one initial member. A	e vested in members, list the
If management is to be vested in one address(es) of at least one manager. name(s) and address(es) of at least of	. If management is to be one initial member. A	e vested in members, list the
If management is to be vested in one address(es) of at least one manager. name(s) and address(es) of at least o	. If management is to be one initial member. A	e vested in members, list the
If management is to be vested in one address(es) of at least one manager. name(s) and address(es) of at least one Name Thomas Jones, MD LLC gnature(s) of at least one person respondent perso	onsible for forming the li	e vested in members, list the ddress Orive, Rexburg, ID 83440
If management is to be vested in one address(es) of at least one manager. name(s) and address(es) of at least one Name Thomas Jones, MD LLC gnature(s) of at least one person responser.	onsible for forming the li	e vested in members, list the ddress Orive, Rexburg, ID 83440

1 0 100.00 = 100.00 PROF LLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3

