

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

	ARTICLES OF C LIMITED LIABIL (Instructions on ba	ITY CO	MPANY	OI FEB 28
The name of	the limited liability compan	ıy is:KI	MBERLY FAMILY MED	
The address of	of the initial registered offic	e is:205	N. Main Street,	5
	erly, ID 83341 ddress is: Alpha Mahler	· · · · · · · · · · · · · · · · · · ·	— and the name of	the initial registe
	dress for future correspond erly, ID 83341	ence: 205	N. Main Street,	\$ 5 E
	of the limited liability compar	ny will be ves	ted in:	
Manager(s)	] or Member(s) 🔯 . (please	check the appropri	ate box)	3 PH 5: OF IDAHO
it least one initi	t is to be vested in one or m al manager. If manageme at least one initial member <u>Name</u>	nt is to be ves	r(s), list the name(s) a sted in the members. <u>Address</u>	and address(es) fist the name(s) a
Alpha Mahle	r	205 N. Main St., Kimberly ID 83341		
			-	
ignature of at l	east one person responsibl	e for forming	the limited liability co	mpany:
Pamela.	Lowely		PONNO-SECRÉ	TARYL-OF-OBTATE
B. Juga	u Ju	Revised 6/05	<b>03/14/2</b> (CK: 4128 CT: 1	
		WLC1 p65	1 <b>0 186.99</b> * 1	98.86 ORGAN LLC # 8

2.	The address of the initial registered office is:	205 N.	Main Street,	<del></del>					
	Kimberly, ID 83341								
	agent at that address is: Alpha Mahler	nd the name of the	initial re	gistered					
	-			·					
3.	The mailing address for future correspondence:	205 N.	Main Street,	<u>-</u> -	<del></del> =				
	Kimberly, ID 83341		-	ST.					
4.	Management of the limited liability company will be vested in:								
	Manager(s) or Member(s) . (please check th	FIDA							
_	-			E E	5: 0				
5.	5. If management is to be vested in one or more manager(s), list the name(s) and address(es) at least one initial manager. If management is to be vested in the members, list the name(s) address(es) of at least one initial member.								
	<u>Name</u>	Ac	ldress						
	Alpha Mahler 205	5 N. Main	St., Kimberly I	D 83341					
			4	<del> </del>					
		<u> </u>		<del></del> -					
		<del></del>							
				-					
6.	Signature of at least one person responsible for for	orming the I	imited liability comp	anv:					
	alepha Maxen	·	, ,	,					
	Pamela Laurelia	9	PANHS - SECRETARY						
	L'aigne Su	Revised &00	03/14/200	1 09:					
			CK: 4128 CT: 13831						
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		Morms/L	12.11						
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