

**FILED/EFFECTIVE**

# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

01 FEB 28 AM 11:15  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is: KIMBERLY FAMILY MEDICAL CENTER LLC

2. The address of the initial registered office is: 205 N. Main Street,  
Kimberly, ID 83341 and the name of the initial registered agent at that address is: Alpha Mahler

3. The mailing address for future correspondence: 205 N. Main Street,  
Kimberly, ID 83341

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ . (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the members, list the name(s) and address(es) of at least one initial member.

Name

Address

Alpha Mahler

205 N. Main St., Kimberly ID 83341

6. Signature of at least one person responsible for forming the limited liability company:

Alpha Mahler

Samela Lowry

D. James Lu

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IDAHO SECRETARY OF STATE

03/14/2001 09:00  
CK: 4128 CT: 138316 BH: 384419

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