ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY To the Secretary of State of Idano, AN 9: 20



Statehouse, Boise, Idahe STATE OF IDAHO

The	e professional limited liability company is medicine (pathology)	organized for the practice of the profession(s)
The	e address of the initial registered office is	1321 Oakley, No. 2, Burley, ID 83318 (not a PO Box) and the name of the
ini	itial registered agent at that address is $_{ t I}$	
Sig	gnature of registered agent:	ng Hause
The	e latest date certain on which the professi December 31, 2035	onal limited liability company will dissolve is:
ls r	management of the limited liability compa	ny vested in a manager or managers? No (check appropriate box)
lf m lea	☐ Yes nanagement is vested in one or more mar	NO (check appropriate box)
If m lea add	☐ Yes nanagement is vested in one or more man est one initial manager. If management is dress(es) of at least one member.	No (check appropriate box) lager(s), list the name(s) and address(es) of a vested in the members, list the name(s) and
If m lea add	☐ Yes nanagement is vested in one or more manast one initial manager. If management is dress(es) of at least one member. Name:	No (check appropriate box) ager(s), list the name(s) and address(es) of a vested in the members, list the name(s) and Address:
If m lea add	management is vested in one or more manast one initial manager. If management is dress(es) of at least one member. Name: Leeana Hauser, M.D.	NO (check appropriate box) ager(s), list the name(s) and address(es) of a vested in the members, list the name(s) and Address: 1321 Oakley, No. 2, Burley, ID 83318
If m lea add	□ Yes nanagement is vested in one or more manast one initial manager. If management is dress(es) of at least one member. Name: Leeana Hauser, M.D.	No (check appropriate box) ager(s), list the name(s) and address(es) of a vested in the members, list the name(s) and Address: 1321 Oakley, No. 2, Burley, ID 83318