



ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

2006 DEC 29 AM 8: 42

SECRETARY OF STATE
STATE OF IDAHO

1.	The name of the professional limited liability company is: Southern Idaho Cardiology, PLLC	
2.	The professional LLC is organized for the pract	ice in the profession of: Medicine
3.	The address of the initial registered office is:	414 Shoup Ave. West Twin Falls,
	and the name of the initial registered agent is: _	
4.	Management of the professional limited liability company will be vested in:	
	☐ Manager(s) ☑ Memb	per(s)
5.	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
	David Kemp, MD	414 Shoup Ave. West Twin Falls, ID 83301
6.	Signature(s) of at least one person responsible for Signature Typed Name Capacity Member Signature Typed Name	- Special Control of State 12/29/2006 GF - DC
	Capacity	CK: 1108 CT: 103315 BH: 1022345 1 0 100.00 = 100.00 PROF LLC 1 2

Web Form

W57650