ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)



Cardiovascular and Thoracic Sur	gery, P.L.L.C.
he professional limited liability con f. <u>medicine</u>	mpany is organized for the practice of the profession(s)
he address of the initial registered	office is 2860 Channing Way, Suite 102, Idaho Falls, (not a PO Box)
nitial registered agent at that addre	essis Gregory R. Hodson, M.D.
lignature of registered agent:	
he latest date certain on which the ebruary 7, 2047.	professional limited liability company will dissolve is:
•	·
nanegement of the limited liability ☐ Yes	y company vested in a manager or managers? No (check appropriate box)
☐ Yes management is vested in one or n est one initial manager. If manage idress(es) of at least one member.	No (check appropriate box) nore manager(s), list the name(s) and address(es) of at ement is vested in the members, list the name(s) and
☐ Yes management is vested in one or mest one initial manager. If managed didress(es) of at least one member. Name:	No (check appropriate box) nore manager(s), list the name(s) and address(es) of at exment is vested in the members, list the name(s) and
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☐ Yes management is vested in one or m est one initial manager. If manage Idress(es) of at least one member. Name: egory R. Hodson, M.D.	No (check appropriate box) nore manager(s), list the name(s) and address(es) of at exment is vested in the members, list the name(s) and Address: 2860 Channing Way, Suite 102 Idaho Falls, ID 83404
☐ Yes management is vested in one or mean age. If manage decreases of at least one member. Name: eqory R. Hodson, M.D. chael H. Denyer, M.D.	No (check appropriate box) nore manager(s), list the name(s) and address(es) of at exment is vested in the members, list the name(s) and Address: 2860 Channing Way, Suite 102 Idaho Falls, ID 83404 2860 Channing Way, Suite 102 Idaho Falls, ID 83404
☐ Yes management is vested in one or m est one initial manager. If manage idress(es) of at least one member. Name: egory R. Hodson, M.D.	No (check appropriate box) nore manager(s), list the name(s) and address(es) of at exment is vested in the members, list the name(s) and Address: 2860 Channing Way, Suite 102 Idaho Falls, ID 83404 2860 Channing Way, Suite 102 Idaho Falls, ID 83404