

# ARTICLES OF ORGANIZATION **FILED** PROFESSIONAL LIMITED LIABILITY COMPANY

To the Secretary of State of Idaho,  
Statehouse, Boise, Idaho 83720



JUN 22 AM 8:40  
STATE OF IDAHO

1. The name of the professional limited liability company is: Workplace Occupational Medicine Clinic, P.L.L.C.

2. The professional limited liability company is organized for the practice of the profession(s) of: medicine and occupational therapy associated with medicine.

3. The address of the initial registered office is 1462 West Broadway, Idaho Falls,  
Idaho 83402 (not a PO Box), and the name of the  
initial registered agent at that address is Mahlon Hiestand, M.D.

Signature of registered agent: [Signature]

4. The latest date certain on which the professional limited liability company will dissolve is:  
January 1, 2025

5. Is management of the limited liability company vested in a manager or managers?  
☒ Yes ☐ No (check appropriate box)

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

Name:

Address:

Mahlon Hiestand, M.D.

1462 W. Broadway, Idaho Falls, ID

Rita Hiestand

1462 W. Broadway, Idaho Falls, ID

7. Signature(s) of at least one person listed in #6 above:

[Signature]

IDAHO SECRETARY OF STATE

06/22/1998 08:00  
CK: 1187 CT: 23363 BH: 121582

1 @ 100.00 = 100.00 PROF LLC

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