

ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

2007 MAY 10 PM 3: 33

SECRETARY OF STATE STATE OF IDAHO

The name of the professional limited liability company is:			
2.	The professional LLC is organized for the practic	e in the profession of:	Medicine
3.	The address of the initial registered office is:	707 North 8th Street, Boise,	Idaho 83702
	and the name of the initial registered agent is:	t is:Stephen C. Brown	
4.	Management of the professional limited liability c	ompany will be vested in:	
	☐ Manager(s) ☑ Membe	r(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		
	Kyle L. Palmer, M.D.	3875 E. Overland Road, Meridian, Idaho 83642	
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	Signature(s) of at least one person responsible for forming the limited liability company:		
	Signature Kyle L. Palmer, M.D.	84	
	Capacity Member	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2502
		Total Tota	
	Typed Name		
	Capacity	Ç	- TOR'SE LYAL FFF