

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

CE TO C	(Instructions on back	or application)	
1.	The name of the limited liability comp	pany is:	DAFOATE
	Ambulatory Surgery Center of Bois	se, LLC	<u>-</u>
2.	The street address of the initial registered office is:		
	115 West Main Street, Suite 102,	Boise, ID 83702	
į	and the name of the initial registered	agent at the above a	ddress is:
	Clinton Mallari, MD		
3.	The mailing address for future correspondence is:		
	115 West Main Street, Suite 102, Boise, ID 83702		
4.	Management of the limited liability company will be vested in:		
	Manager(s) or Member(s) (please check the appropriate box)		
;	If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member. Name Address		
	Name	Address	
	Clinton Mallari, MD	115 W. Main St., Suite 102, Boise, ID 83702	
	The state of the s		
	Signature of at least one person resp		ne limited liability company:
	Signature: Clinton Mallari MD	<u> </u>	Secretary of State use only
	yped Name: Clinton Mallari, MD Capacity: Member	nization	
	Japacity. Member	rtsoforga	TRAID CCCDCTADY OF
9	Signature	70ms/a	IDAHO SECRETARY OF 11/18/2003 (CK: 1852 CT: 174427 R
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