ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application) 53 050 20

The professional limited liability company of:	is organized for the practice of the profession(s)
The address of the initial registered office Rexburg, Idaho 83440	(not a PO Box) not a PO Box) , and the name of the
initial registered agent at that address is Signature of registered agent:	Dr. Coary L. Lovell my houell, MD
Is management of the limited liability com	pany vested in a manager or managers?
If management is vested in one or more n	manager(s), list the name(s) and address(es) of at
least one initial manager. If management address(es) of at least one member. Name:	t is vested in the members, list the name(s) and Address:
address(es) of at least one member.	t is vested in the members, list the name(s) and
address(es) of at least one member.	Address:
address(es) of at least one member. Name: Coary L. Lovell MD. 36 Professional Plaza Rexburg, Idaho	Address: