



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 JAN -7 AM 8:26

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

• INFECTIOUS DISEASE MEDICINE, LLC.

2. The complete street and mailing addresses of the initial designated/principal office:

1875 NORTH LAKEWOOD DRIVE, Ste 101, COEUR D'ALENE, IDAHO 83814

(Street Address)

PO BOX 3087, HAYDEN, IDAHO 83835

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

DAVID B. SOUVENIR, MD

(Name)

1875 N. LAKEWOOD DR., Ste 101, CDA, ID. 83814

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

SUE SOUVENIR

1875 N. LAKEWOOD DR., Ste 101, CDA, ID. 83814

5. Mailing address for future correspondence (annual report notices):

PO BOX 3087, HAYDEN, IDAHO 83835

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

David B. Souvenir

Typed Name: DAVID B. SOUVENIR, MD

Signature

Sue Souvenir

Typed Name: SUE SOUVENIR

Secretary of State use only

IDAHO SECRETARY OF STATE
01/07/2011 05:00
CK: 3825 CT: 254137 BH: 1254382
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W99322