

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2006 JUL 14 PH 1:28

1.	The name of the limited liability comp	oany is: SECRETARY OF STATE STATE OF IDAHO
	CARDIOLOGY PEER REVIEW, LLC	OI ILM # IV
2.	The street address of the initial regist	tered office is:
	1401 Shoreline Drive, Suite 2,	Boise, Idaho 83702
	and the name of the initial registered	agent at the above address is:
	Corporation Service Company	
3.	The mailing address for future corres	pondence is:
	3310 E. Rivernest Lane, Boise,	ID 83706
4.	Management of the limited liability company will be vested in:	
	Manager(s) ☐ or Member(s) ✓	(please check the appropriate box)
5.	If management is to be vested in one or more manager(s), list the name(s) and address(es) or 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
	PETER ROAN	3310 E. RIVERNEST LANE
		BOISE, ID 83706
	CARI M. COLEMAN	3310 E. RIVERNEST LANE
		BOISE, ID 83706
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6.	Signature of at least one person resp	onsible for forming the limited liability company:
		• • • • • • • • • • • • • • • • • • •
	Signature:	Sacratary of State use only
	Signature: Yolanda Baber	Sacratary of State use only
	Signature:	Secretary of State use only
	Signature: Yolanda Baber	Sacratary of State use only
	Signature: Typed Name: Yolanda Baber Capacity: Asst. Sec.	Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE O7/14/2006 05:00 CKI 2155789 CT. 164864 By. 8658

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