To: Vickie 3231386 From: Natalie Teninty

LanFax Page 2 of 3

252



## ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

II SEP 24 PHI

	(Instructions on back of application)	8	
1.	. The name of the professional limited liability company is:  Pain and allegy Clinic Plic	IZ: 01	
	ALLERGY FRENCHINE		
2.	The professional LLC is organized for the practice in the profession of:		
3.	The address of the initial registered office is: 9508 FAIRNIEW AVE		
	Bouse, Id \$3704 and the name of the initial registered agent is: DR GARRY Shohet		
4.	Management of the professional limited liability company will be vested in:		
Manager(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	3	
	MAN GARRY L. Shohet 3217 S. White Eagle, ID 8	sport-way	
6. Signature(s) of at least one person responsible for forming the limited liability company:  Signature  Typed Name Carry L Shelpet			
;	Capacity Managery members  Signature Davio N. Parce  Capacity Members  Typed Name Davio N. Parce  Capacity Members	IDAHO SECRETARY OF STATE	

IDAHO SECRETARY OF STATE

09/11/2001 05=00

CK: 6051 CT: 151145 BH: 418434

1 0 100.00 = 100.00 ORSAN LLC N.:

1 0 20.00 = 20.00 CDRP SIR N.4

2 1110