

ORIGINAL



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE
07 MAY 22 PM 2:56**

 SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Yost Medical Associates, LLC

2. The street address of the initial registered office is:

505 Logan Street, Boise, Idaho 83712

and the name of the initial registered agent at the above address is:

Amy H. Yost

3. The mailing address for future correspondence is:

505 Logan Street, Boise, Idaho 83712

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) 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
<u>Amy H. Yost</u>	<u>505 Logan Street, Boise, Idaho 83712</u>

6. Signature of at least one person responsible for forming the limited liability company:

Signature: Amy Yost
 Typed Name: Amy H. Yost
 Capacity: Manager

Signature _____
 Typed Name: _____
 Capacity: _____

g:\corporate\LLC\forms\articlesoforganization.pdf
 Revised 07/2002

Web Form

IDAHO SECRETARY OF STATE
 05/22/2007 05:00
 CK: 11108 CT: 20168 RH: 1055323
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