

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

	(Instructions on back	of application)		300
1.	The name of the limited liability comp	•	ΓS. L.L.C.	A
2.	The street address of the initial regist	tered office is:		25 A. O.
	and the name of the initial registered JAMES M. RETMIER, M.D.	agent at the ab	oove address is:	
3.	The mailing address for future corres	•	O 83301	
4.	Management of the limited liability co  Manager(s)  or Member(s)  v			
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.			
		ress(es) of at le	ast one initial me	mber.
	member(s), list the name(s) and add	ress(es) of at le	ast one initial me	mber. s
	Name  JAMES M. RETMIER, M.D.  Signature of at least one person resp	496-F Shoup	Address  Ave. West, Twi	mber. s n Falls, ID 83301
	Name  JAMES M. RETMIER, M.D.  Signature of at least one person resp	496-F Shour	Address  Ave. West, Twi	mber. s n Falls, ID 83301

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