

J189

APPLICATION FOR REGISTRATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)



The undersigned partnership hereby applies for registration as a Limited Liability Partnership, and submits the following information pursuant to section 53-343A, I.C.

1. The name of the partnership is Healthy Travel L.L.P.
2. It's principal office is located at 1827 Megan Lane, Sandpoint, Idaho 83864
3. It's registered office in Idaho is located at 1827 Megan Lane, Sandpoint, Idaho 83864
_____, and the name of the registered agent at that address is Scott French, M.D.
4. The partnership is organized in the state of Idaho
5. The nature of it's business is Practice of medicine and related services
6. The name(s) and address(es) of at least one partner:

Name

Address

Scott French, M.D.

1827 Megan Lane, Sandpoint, ID 83864

John L. Lyman, M.D.

1500 Ridgeway Road, Dayton, OH 45419

7. Other matters (optional):

8. Signature(s) of at least one partner listed in item 6.

Scott French

Secretary of State

IDAHO SECRETARY OF STATE

DATE 03/13/1997

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CX #: 1642 CUST#: 78107

ORGAN LLP 1@ 100.00= 100.00

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