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ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED OFFECTIVE

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	(Instructions on back of applica	ation)	STATE OF IDAHO
1.	The name of the professional limited liability co		
2.	The professional LLC is organized for the practice of the prac	ctice in the profession	on of: Mgmt of Medical Care
3.	The address of the initial registered office is:	960 Broadway Ave,	Suite 555 Boise, ID 83706
	and the name of the initial registered agent is:	Dan	Dwyer, MD
4.	Management of the professional limited liability company will be vested in: Manager(s) Member(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	Addre	ess
	P.O. Box 140376, Boise, ID 83714-0376		
6. Signature(s) of at least one person responsible for forming the limited liability company:			
Signature Signature			
	Typed Name Dan Dwyer, MD Capacity Managing Memeber	— 186.	
5	SapacityManaging Memeber Signature Signature Sapacity	Stoomstarts of organization pile, p65 Revised 09-2002	IDANO SECRETARY OF STATE
		Neb Form	7009 CT: 155566 BH: 762356 190.00 = 100.00 PROF LLC # 2 20.00 = 20.00 EXPEDITE C # 3

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