



## ARTICLES OF ORGANIZATION AND LIMITED AND LIMITED LIABILITY COMPANY STATE OF IDAHO

(Instructions on back of application)

	(11000001010	on back of application)
The	name of the professional limited liab	bility company is:
	Boise Vascular Medicine, PLL	
The of: _	professional limited liability compan Medicine & surgery	y is organized for the practice of the profession(s
The	address of the initial registered offic	(not a PO Box)
initia	al registered agent at that address is	, and the name of the s. Charles, Carrasco, MD
		ues Call An ms
ls m	eanagement of the limited liability cor 図 Yes	mpany vested in a manager or managers?  No (check appropriate box)
least	anagement is vested in one or more in tone initial manager. If management ress(es) of at least one member.  Name:	manager(s), list the name(s) and address(es) of and is vested in the members, list the name(s) and <a href="Mailto:Address:">Address:</a>
Char	les Carrasco, MD	190 E Bannock, Boise, ID 83712
<del></del>		
		- <u></u>
abov	ature(s) of at least one person listed e:  aus Call Am w	in #5
		IBARIO SECRETARTO FUST ATELY
		Ø8/11/2000 09:00 CK: 11534 CT: 134680 BH: 340638
		1 9 100.90 = 100.00 PROF LLC # 2
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