

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

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(Instructions on back of application)

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. The name of the limited liability	company is: STATE OF IDAHO
Digestive Health Clinic, LLC	
2. The street address of the initial r	registered office is:
6259 W. Emerald Street, Bois	e, Idaho 83704
•	ered agent at the above address is:
Steven R. Farro	
<ol><li>The mailing address for future co</li></ol>	orrespondence is:
6259 W. Emerald Street, Bois	e, Idaho 83704
4. Management of the limited liabili	ity company will be vested in:
Manager(s) or Member(s)	) [ (please check the appropriate box)
address(es) of at least one initia	n one or more manager(s), list the name(s) and I manager. If management is to be vested in the I address(es) of at least one initial member.
Name	Address
Samuel S. Gibson	6259 W. Emerald Street, Boise, Idaho 83704
Camaci C. Cioton	
	responsible for forming the limited liability company:
Signature: Stepen B. Fus	Secretary of State use only
Signature: <u>Stayon R. Fus</u> Typed Name: Steven R. Farro	
Signature: State B. Fus	Secretary of State use only
Signature:	Secretary of State use only
Signature: <u>Stayon R. Fus</u> Typed Name: Steven R. Farro	Secretary of State use only  Secretary of State use only  IDAHO SECRETARY OF STA