

W2807

PROFESSIONAL

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

To the Secretary of State of Idaho,
Statehouse, Boise, Idaho 83720



1. The name of the limited liability company is: Brad R. Hobbs, M. D. and Michael K. Taylor, M. D., P.L.L.C.

The purpose of this company is to provide medical services.

2. The address of the initial registered office is: 206 Martin, Twin Falls, ID 83301
(not a PO Box)

_____ and the name of the initial registered agent at that address is: Brad R. Hobbs, M.D.

Signature of registered agent : _____

3. The latest date certain on which the limited liability company will dissolve: 1/1/2021

4. Is management of the limited liability company vested in a manager or managers?

☐ Yes

☒ No (check appropriate box)

5. If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one initial member.

Name:

Address:

Brad R. Hobbs, M. D.

206 Martin-Twin Falls, ID 83301

6. Signature of at least one person listed in #5 above:

Brad R. Hobbs

Secretary of State use only

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DATE 08/19/1996 0900 19122

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