

ARTICLES OF ORGANIZATION FILED EFFECT LIMITED LIABILITY COMPANY, MAR 24 AM 8: 46

· ·	(instructions on back of	
1.	The name of the limited liability compa	any is: STATE OF TOAHO
2.	The street address of the initial registered office is:	
	504 Main Street, Suite 360, Lewisto	on, ID 83501
	and the name of the initial registered agent at the above address is:	
	J. Thomas Grissom, M.D.	
3.	The mailing address for future corresp	ondence is:
	504 Main Street, Suite 360, Lewisto	on, ID 83501
4.	Management of the limited liability con	npany will be vested in:
	Manager(s) or Member(s)	(please check the appropriate box)
5.	If management is to be vested in one or more manager(s), list the name(s) and address(es) or at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.	
	Name	Address
	J. Thomas Grissom, M.D.	4081 Fairway, Lewiston, ID 83501
	Lyndal E. Stoutin, M.D.	237 Preston, Lewiston, ID 83501
	Craig G. Flinders, M.D.	890 Pauline Drive, Clarkston, WA 99403
	Gary Haas, D.O.	6604 Cougar Ridge, Lewiston, ID 83501
6. Signature of at least one person responsible for forming the limited liability company:		
Signature: Secretary of State use only Typed Name: J. Thomas Grissom, M.D.		
Capacity: Member		D Control of the cont
		D. Secretary of State use only
	Signature	IDAHO SECRETARY OF STATE DIAMO DI
	Typed Name: Capacity:	CK: 31715 CT: 20457 BH: 679320
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