ARTICLES OF OF	RGANIZATION
(Instructions on back	TY COMPANYFILED EFFECTIVEof application)05 AUG 16 AM 8: 55
627 N. Five Mile Rd. Boise, Idaho	83713
and the name of the initial registered James W. Byron	l agent at the above address is:
-	_
address(es) of at least one initial ma	e or more manager(s), list the name(s) and inager. If management is to be vested in the dress(es) of at least one initial member.
Name James W. Byron	Address 907 E. Riverpark Ln. Boise, Idaho 83706
Signature of at least one person res Signature: <u>Jeens W By</u> Typed Name: <u>James W. Byron</u> Capacity: <u>Member</u> Signature	Secretary of State use only IDAHO SECRETARY OF STATE BB/16/2005 05 = 00 CK: 1824 CT: 191382 BH: 966467 1 @ 100.00 = 100.00 ORGAN LLC # W41995
	(Instructions on back The name of the limited liability com Advanced Infusion Medicine L.L.C The street address of the initial regist 627 N. Five Mile Rd. Boise, Idaho and the name of the initial registered James W. Byron The mailing address for future corres James W. Byron 907 E. Riverpar Management of the limited liability of Manager(s) or Member(s) for If management is to be vested in one address(es) of at least one initial ma member(s), list the name(s) and add Name James W. Byron Signature of at least one person ress Signature: fames W. Byron Capacity: Member