CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 09 FEB 24 AM 8: 33

FILED EFFECTIVE

(Instructions on back of application)

The name of the limited liability company is:	SECRETARY OF STATE STATE OF IDAHO
St. Luke's Clinic Boise/Meridian	
The complete street and mailing addresses of the init	tial designated/principal office:
190 E Bannock, Boise, Idaho	83712
(Street Address)	
(Mailing Address, if different than street address)	
The name and complete street address of the registe	ered agent:
	annock, Boise, Idaho 83712
(Name) (Street Address)	, <u> </u>
The name and address of at least one member or macompany: Name St. Luke's Regional Medical 100 5 B	Address
	annock, Boise, Idaho 83712
Center, Ltd.	
Mailing address for future correspondence (annual re	•
190 E Bannock, Boise, Idaho a	03/12
Future effective date of filing (optional):	
gnature of organizer(s). (An organizer is a member, or is	
ing in behalf of a member or members).	Coordon of Districts and
gnature G	Secretary of State use only
ped Name: Anne S. Taylor Pitts	
B Steam	
gnature	DAY A CONTINY OF STATE
gnature Anne S. Taylor Pitts gnature	CX: 1114 CT: 227628 BH: 115 1 8 180.80 = 180.80 (BROWN)

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