



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2011 JUL -8 PM 2: 08

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

St. Luke's Clinic - Wood River, L.L.C.

2. The complete street and mailing addresses of the initial designated/principal office:

190 E. Bannock St., Boise ID 83712

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Christine S. Neuhoff

(Name)

190 E. Bannock St., Boise ID 83712

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

St. Luke's Wood River Medical

190 E. Bannock St., Boise ID 83712

Center, Ltd.

5. Mailing address for future correspondence (annual report notices):

190 E. Bannock St., Boise ID 83712

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Christine S. Neuhoff

Typed Name: Christine S. Neuhoff

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
07/08/2011 05:00
CK: 1100334793 CT: 71254 BH: 1201669
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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