FILED EFFECTIVE

252 2004 000
ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY (Instructions on back of application)
1. The name of the professional limited liability company is: ALPINE LABS PLLC
2. The professional LLC is organized for the practice in the profession of: <u>MEDICINE</u>
3. The address of the initial registered office is: 329 S. Woodruff Idaho Falls, Id 83401
and the name of the initial registered agent is: DR. DAVID BOWMAN
4. Management of the professional limited liability company will be vested in:
☑ Manager(s)
 If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member.
Name Address
IDAHO URGENT CARE 740 S. WOODRUFF
IDAHO FALLS, IDAHO 83401
6. Signature(s) of at least one person responsible for forming the limited liability company:
Signature
Typed Name DAVID BOWMAN Capacity PRESIDENT, IDAHO URGENT CARE, P.A.
Signature CK: 8931 CT: 88345 BH: 763910 Typed Name I 1 100.00 = 100.00 PROF LLC # 1 Capacity Vee Four
Web Found