



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

Crossroads Medical Billing, LLC

2. The street address of the initial registered office is:

211 Beacon Drive, Idaho Falls, Idaho

and the name of the initial registered agent at the above address is:

Shenae Huntsman

3. The mailing address for future correspondence is:

211 Beacon Drive, Idaho Falls, Idaho 83402

4. The limited liability company will be:

Manager-managed or Member-managed (please check the appropriate box)

5. If manager-managed, list the name(s) and address(es) of at least one initial manager. If member-managed, list the name(s) and address(es) of at least one initial member.

Name

Address

Shenae Huntsman

211 Beacon Drive, Idaho Falls, Idaho

6. Signature of at least one person responsible for forming the limited liability company:

Signature: Shenae Huntsman

Typed Name: Shenae Huntsman

Capacity: Manager

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

Form 1000LLC, Form 1000LLC for Articles of Organization.pdf
Revised 05/2007

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04/16/2008 05:00
CK: 47741 CT: 2034 BH: 1110294
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