



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00

Complete and submit the application in duplicate.

FILED EFFECTIVE

2015 JUL 30 PM 4:00

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the professional limited liability company is:

Radial First Cardiovascular Associates, LLC

2. The complete street and mailing addresses of the principal office is:

2001 S. Woodruff Avenue, Suite 3

Idaho Falls

ID 83404

(Street Address)

(City)

(State)

(Zipcode)

(Mailing Address, if different)

(City)

(State)

(Zipcode)

3. Name and street address of registered agent in Idaho:

John E. Lassetter, MD

2001 S. Woodruff Avenue, Suite 3

Idaho Falls

ID 83404

(Name)

(Address)

(City)

(State)

(Zipcode)

4. The name and address of at least one governor of the limited liability company:

John E. Lassetter, MD

2001 S. Woodruff Avenue, Suite 3

Idaho Falls

ID 83404

(Name)

(Address)

(City)

(State)

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

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

2001 S. Woodruff Avenue, Suite 3

Idaho Falls

ID 83404

(Address)

(City)

(State)

(Zipcode)

6. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is:

Medicine

7. Signature of a manager, member, or an organizer.

Printed Name: **David S. Jensen**

Signature: *David S. Jensen*

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

07/30/2015 05:00

CK:1164 CT:13941 BH:1486203

1@ 100.00 = 100.00 PROF LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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