



**ARTICLES OF ORGANIZATION
PROFESSIONAL LIMITED
LIABILITY COMPANY**

(Instructions on back of application)

FILED
98 SEP -8 AM 11:51
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the professional limited liability company is: UPPER VALLEY ORTHOPEDICS PLLC
2. The professional limited liability company is organized for the practice of the profession(s) of: Orthopedic Medicine
3. The address of the initial registered office is 360 E. Main, Rexburg, ID 83440 (not a PO Box), and the name of the initial registered agent at that address is Michael J. Larson

Signature of registered agent:

4. Is management of the limited liability company vested in a manager or managers?
☐ Yes ☒ No (check appropriate box)
5. If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one member.

Name: _____

Address:

Michael J. Larson

360 E. Main, Rexburg, ID 83440

Kevin M. Lee

360 E. Main, Rexburg, ID 83440

6. Signature(s) of at least one person listed in #6 above:

Secretary of State use only

IDAND SECRETARY OF STATE

09/08/1998 09:00
 CX: 9975 CT: 2552 BH: 143156

1 @ 100.00 = 100.00 PROF LLC

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