

Typed Name:

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 11 APR 29 PM 4: 20

	(Instructions on back of	application)
1.	The name of the limited liability compa	INV. IS: SECRETARY OF STATE OF IDAHO
	· ·	well Clinics LLC
2.	The complete street and mailing address 17333 Colt Drive, Caldwell, Idaho 83607 (Street Address)	sses of the initial designated/principal office:
	(Mailing Address, if different than street address)	
3.	The name and complete street address	s of the registered agent:
		01 W. Bannock Street, Boise, Idaho 83702 Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	Name Richard Augustus, M.D. 1	Address 7333 Colt Drive, Caldwell, Idaho 83607
5.	Mailing address for future corresponde	nce (annual report notices):
•	17333 Colt Drive, Caldwell, Idaho 83607	
6.	Future effective date of filing (optional):	·
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_	gnature of a manager, member or aurson.	Ithorized
•	(/.1() /1 A	Secretary of State use only
	mature Villa Augustin & D. Omnin	<u>-</u> -
i yt	ped Name: Richard Augustus, M.D. Organiza	
Sia	gnature	

IDAHO SECRETARY OF STATE

05/02/2011 05:00

CK: 14228 CT: 1626 BH: 1271647

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