

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED/EFFECTIVE

(Instructions on back of application)

01 DEC 28 AM 8: 56

	STATE OF STATE	, :
1.	1. The name of the limited liability company is: Snake River Gastroenterol L.L.C.	ogy Labs,
2.	The street address of the initial registered office is: 660 Shoshone St.,	
	Twin Falls, ID 83301 and the name of the ini	tial registered
	agent at the above address is: Allen J. Sinclair, M.D.	
3.	3. The mailing address for future correspondence: 660 Shoshone St	
	Twin Falls, ID 83301	
4.	4. Management of the limited liability company will be vested in:	
	Manager(s) or Member(s). (please check the appropriate box)	
5.	If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the members, list the name(s) and address(es) of at least one initial member. Name Address	
	Allen J. Sinclair, M.D. 660 Shoshone St., Twin Fall	ls, ID
	Robert M. Ward, M.D. 660 Shoshone St., Twin Fall	ls. ID
6.	Signature of at least one person responsible for forming the limited liability company:	
	Signature Signature	
	Typed Name Allen J Sinclair MD Secretary of State use	onty
	Capacity Member IDAHO SECRETARY OF STATE	
	Signature (CK: 4634 CT: 138	31 95:00 316 BH: 436988
	Typed Name Robert M Ward MD	ao numm the # 5
	Capacity Member Wember W 175	90