	FORGANIZATION BILITY COMPANY of State of Idaho, se, Idaho 83720
34 NOU 25 AM 10 33	
1. The name of the limited liability cor	npany is: <u>Pacific Brain Tumor Center</u> L.L.C.
2. The address of the initial registered	office is:683 N. Capital Ave., Idaho Falls,
Idaho 83402	and the name of the Ritia registered
agent at that address is:Winst	on V. Beard
Signature of registered agent :	ustron W. Beand
	December 31, limited liability company will dissolve: 2050
4. Is management of the limited liability	company vested in a manager or managers?
 Yes If management is vested in one or m least one initial manager. If manager 	NO (check appropriate box)
5. If management is vested in one or m	nore manager(s), list the name(s) and address(es) of at ment is vested in the members, list the name(s) and
 If management is vested in one or m least one initial manager. If manager address(es) of at least one initial men 	nore manager(s), list the name(s) and address(es) of at ment is vested in the members, list the name(s) and mber.
 If management is vested in one or m least one initial manager. If manager address(es) of at least one initial mer <u>Name:</u> 	nore manager(s), list the name(s) and address(es) of at ment is vested in the members, list the name(s) and mber.
5. If management is vested in one or m least one initial manager. If manager address(es) of at least one initial mer <u>Name:</u> <u>Winston V. Beard</u>	nore manager(s), list the name(s) and address(es) of at ment is vested in the members, list the name(s) and mber. <u>Address:</u> <u>2832 Glenwood Dr., Idaho Falls, ID 83404</u>
 5. If management is vested in one or m least one initial manager. If manager address(es) of at least one initial mer <u>Name:</u> <u>Winston V. Beard</u> 6. Signature of at least one person listed 	nore manager(s), list the name(s) and address(es) of at ment is vested in the members, list the name(s) and mber. <u>Address:</u> <u>2832 Glenwood Dr., Idaho Falls, ID 83404</u>
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