

W2295

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

Jan 22 4 02 PM 1996
to the Secretary of State of Idaho
Corporations Division

SECRETARY OF STATE 200 West Jefferson Room 203
STATE OF IDAHO P.O. Box 83720 • Boise, ID 83720-0080



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SECRETARY OF STATE
JAN 23 1996

1. The name of the limited liability company is: NORTH END FAMILY PRACTICE L.L.C.
2. The address of the initial registered office is: 1002 North 13th Street,
Boise, Idaho 83702 (not a PO Box) and the name of the initial registered agent at that address is: Karen L. Erickson
3. The latest date certain on which the limited liability company will dissolve: 12/31/2010
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 initial member.

Name:

Address:

Karen L. Erickson

1387 E. Monterey Dr., Boise, ID 83706

6. Signature of at least one person listed in #5 above:

[Signature]

Secretary of State use only
IDAHO SECRETARY OF STATE
DATE 01/23/1996 0900 32238

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CK #: 1443 CUST#: 64437

ORGAN LLC

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