



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2004 APR -5 AM 9:34

STATE OF IDAHO

1. The name of the limited liability company is:

Sunnyside Surgery Center, LLC

2. The street address of the initial registered office is:

3345 S. Holmes, Suite B Idaho Falls, ID 83404

and the name of the initial registered agent at the above address is:

Michael K. James, DPM

3. The mailing address for future correspondence is:

3345 S. Holmes, Suite B Idaho Falls, ID 83404

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 member(s), list the name(s) and address(es) of at least one initial member.

Name

Address

Michael K. James, DPM

3345 S. Holmes, Suite A, Idaho Falls, ID 83404

6. Signature of at least one person responsible for forming the limited liability company:

Signature: Michael K. James

Typed Name: Michael K. James, DPM

Capacity: Managing Member

Signature: _____

Typed Name: _____

Capacity: _____

Secretary of State use only

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Revised 07/2002

IDAHO SECRETARY OF STATE
04/05/2004 05:00
CX: 22001 CT: 170122 IN: 737437
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