

FILED EFFECTIVE



# ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

00 AUG 10 AM 8:52

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the professional limited liability company is: Catherine L. Linderman, M.D., PLLC

2. The professional limited liability company is organized for the practice of the profession(s) of: medicine

3. The address of the initial registered office is 5559 North Yellowstone,  
(not a PO Box)  
Idaho Falls, Idaho, 83401, and the name of the  
initial registered agent at that address is Catherine L. Linderman, M.D.

Signature of registered agent: Catherine L. Linderman, M.D.

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 member.

Name:Address:Catherine L. Linderman, M.D.5559 North YellowstoneIdaho Falls, Idaho 83401

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

Catherine L. Linderman MD  
Catherine L. Linderman, M.D.

Secretary of State use only

IDAHO SECRETARY OF STATE

08/10/2000 09:00  
CK: 16602 CT: 2367 BH: 340244

1 @ 100.00 = 100.00 PROF LLC # 2

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