

ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2007 FEB 15 AN 9: \$2

W	EINDILIT I CONTAIN	MTO TO THE
	(Instructions on back of application)	SECRETARY OF STAN STATE OF IDAHO
1.	The name of the professional limited liability company is: Joshua R. Fullmer, M.D., PLLC	21VIT OL
2.	The professional LLC is organized for the practice in the profession of	Medicine
3.	The address of the initial registered office is: 381 East 4th North, Ste. 1	00, Rexburg, ID 83440
	and the name of the initial registered agent is:Joshua R.	Fullmer
4.	Management of the professional limited liability company will be veste	d in:
	☐ Manager(s) ☐ Member(s)	
5.	If management is to be vested in one or more manager(s), list the na address(es) of at least one manager. If management is to be vested name(s) and address(es) of at least one initial member.	me(s) and in members, list the
	Name Address	
	Joshua R. Fullmer 381 East 4th North, Ste.	100
	Rexburg, ID 83440	
	Signature(s) of at least one person responsible for forming the limited li	ability company:
	Signature Joshua R. Fullmer	
	Capacity Member §	×9214
;	Signature	Though or open the same
•	Typed Name Ø2	IDAHO SECRETARY OF STATE /15/2007 05:00 1272
(Capacity \{ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	00.06 = 100.06 PROF LLC