

FILED EFFECTIVE

204 FEB -6 PM 2:13

1. The name of the professional limited liability company is: TWIN RIVERS ENDOSCOPY PLLC
2. The professional LLC is organized for the practice in the profession of: lab services relating to gastroenterology
3. The address of the initial registered office is: 324 Main Street, Lewiston, ID 83501
and the name of the initial registered agent is: Charles A. Brown
4. Management of the professional limited liability company will be vested in:
☐ Manager(s) ☒ Member(s)
5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member.

Address

2021 Carol Drive, Lewiston, ID

2315 Eighth St., Lewiston, ID

550 19th Avenue, Lewiston, ID

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

Capacity	Member
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Capacity _____

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09/20/2012

IDAHO SECRETARY OF STATE
 02/06/2004 05:00
 CK: 5632 CT: 25571 BH: 726882
 1 @ 100.00 = 100.00 PROF LLC # 2
 1 @ 20.00 = 20.00 EXPEDITE C # 3

W 28441