



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**  
2014 APR 25 AM 11:13

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Health Alliance Integrated Care, LLC

2. The complete street and mailing addresses of the initial designated office:

1055 N. Curtis Road, Boise, Idaho 83706

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

David Gough, M.D.

(Name)

1055 N. Curtis Road, Boise, Idaho 83706

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name**

**Address**

Saint Alphonsus Health System, Inc.

1055 N. Curtis Road, Boise, Idaho 83706

5. Mailing address for future correspondence (annual report notices):

1055 N. Curtis Road, Boise, Idaho 83706

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name:

Kendall L. Miller

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

04/25/2014 05:00

CK:1840922 CT:172099 BH:1421949

1G 100.00 = 100.00 ORGAN LLC #2

1G 20.00 = 20.00 EXPEDITE C #3

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