



**ARTICLES OF ORGANIZATION FILED EFFECTIVE  
PROFESSIONAL LIMITED  
LIABILITY COMPANY**

(Instructions on back of application)

STATE  
OF IDAHO

1. The name of the professional limited liability company is: Summit Health Professionals, PLLC
2. The professional LLC is organized for the practice in the profession of: Medicine
3. The address of the initial registered office is: 1970 E. 17th Street, Suite 104, Idaho Falls, ID 83404  
and the name of the initial registered agent is: Philip William Girling, M.D.
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.

Name

Address

Philip William Girling, M.D.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

1970 E. 17th Street, Suite 104  
Idaho Falls, ID 83404  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Signature Philip 3/13/03

Typed Name Philip William Girling

Capacity Manager

Signature \_\_\_\_\_

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

Capacity \_\_\_\_\_

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Revised 09/2002  
Web Form

104/04/2003 CK: 32935 CT: 1498 BH: 672952  
1 @ 100.00 = 100.00 PROF LLC # 3  
1 @ 20.00 = 20.00 EXPEDITE C # 4

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