



**ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2005 JUN - 01 00:00:00

- 1. The name of the limited liability company is:**

Twin Falls Emergency Physicians, L.L.C.

- 2. The street address of the initial registered office is:**

3411 Canyon Cove, Kimberly, Idaho 83341

and the name of the initial registered agent at the above address is:

Chad Colvin

3. The mailing address for future correspondence is:

3411 Canyon Cove, Kimberly, Idaho 83341

- #### 4. Management of the limited liability company will be vested in:

Manager(s) or Member(s) (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member

Name _____

Address

Chad Colvin

3411 Canyon Cove, Kimberly, Idaho 83341

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

Signature:

Typed Name: Shad Colvin

Capacity: Member

Signature

Typed Name: _____

Capacity:

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