

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY NOV 20 PH 12: 47

(Instructions on back	of application) SECRETARY OF STATE
The name of the limited liability comp	pany is: STATE OF IDAHO
The street address of the initial regis 240 MORNINGSIDE DRIVE, TWIN	
and the name of the initial registered  MATTHEW J. BEARD	agent at the above address is:
. The mailing address for future corres P O BOX 163 TWIN FALLS	
Management of the limited liability of Manager(s)  or Member(s)	ompany will be vested in:  (please check the appropriate box)
address(es) of at least one initial ma	e or more manager(s), list the name(s) and inager. If management is to be vested in the dress(es) of at least one initial member.
Name	Address
MATTHEW J. BEARD	240 MORNINGSIDE DRIVE
	TWIN FALLS IDAHO 83301
*	
6. Signature of at least one person res	ponsible for forming the limited liability company:  Secretary of State use only

Signature of at least one person responsit	
Typed Name: MATTHEW J. BEARD	oforganization p85
Capacity: MANAGER	- Dr.
	Nertsof
Signature	C Spring
Typed Name:	orphomast.LC
Capacity:	

IDAHO SECRETARY OF STATE