

ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED/EFFECTIVE

(Instructions on back of application)

2. The professional LLC is organized for the practice in the profession of: Medical/Surgery 3. The address of the initial registered office is: 2730 Channing Way, Idaho Falls, ID 83404 —	1.	The name of the professional limited liability	company is: Summit Orthopaedics Equity, PLLC	
and the name of the initial registered agent is: Philip R. McCowin, M.D. 4. Management of the professional limited liability company will be vested in: Manager(s) Member(s) Member(s) Member(s) 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	2.	The professional LLC is organized for the practice in the profession of: Medical/Surgery		
4. Management of the professional limited liability company will be vested in:	3.	The address of the initial registered office is	s: 2730 Channing Way, Idaho Falls, ID 83404	
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 Gregory G. West, M.D. 2730 Channing Way Idaho Falls. ID 83404 6. Signature(s) of at least one person responsible for forming the limited liability company: Signature Typed Name Gregory G. West, M.D. Capacity Member/Manager Signature Typed Name Gregory G. West, M.D. Capacity Member/Manager Typed Name Gregory G. West, M.D. Capacity Member/Manager Typed Name Capacity IDANO SECRETORY OF STATE 18/18/2001 18:188.00 - 108.000 PROF LLC # 2 Capacity Capacity		and the name of the initial	registered agent is: Philip R. McCowin, M.D.	
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 Gregory G. West, M.D. 2730 Channing Way Idaho Falls. ID 83404 6. Signature(s) of at least one person responsible for forming the limited liability company: Signature Typed Name Gregory G. West, M.D. Capacity Member/Manager Typed Name Typed Name Capacity Typed Name Capacity Typed Name Typed Name Capacity	4.	Management of the professional limited liab	ility company will be vested in:	
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Idaho Falls. ID 83404 6. Signature(s) of at least one person responsible for forming the limited liability company: Signature Typed Name Gregory G. West. M.D. Capacity Member/Manager Signature Typed Name Indian Falls. ID 83404 Image: Signature Indian Secretary of State 19/18/2001 05:00 Ck: 1631 Ct: 152574 BH: 424982 1 # 188.66 = 168.66 PROF LLC # 2		Name	Address	
6. Signature(s) of at least one person responsible for forming the limited liability company: Signature Typed Name Capacity Signature Typed Name Typed Name Typed Name Capacity Typed Name Capacity Typed Name Capacity Signature Typed Name Capacity Tokho Secretary of State 10/18/2001 05=00 Ck: 1631 CT: 152574 BH: 424982 1 \$ 188.66 = 188.66 = 188.66 PROF LLC \$ 2		Gregory G. West, M.D.	2730 Channing Way	
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