



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED
EFFECTIVE
JUL 22 PM 3:53
2008

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Ada Orthopaedic Clinic, LLC

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

6500 West Emerald, Boise, Idaho 83704

(Street Address)

(Mailing Address, if different than street address)

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

Richard E. Moore, M.D.

(Name)

6500 West Emerald, Boise, Idaho 83704

(Street Address)

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

Name

Richard E. Moore, M.D.

Address

6500 West Emerald, Boise, Idaho 83704

William C. Lindner, M.D.

6500 West Emerald, Boise, Idaho 83704

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

6500 West Emerald, Boise, Idaho 83704

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature _____

Typed Name: William C. Lindner, M.D.

Secretary of State use only

Signature _____

Typed Name: _____

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Revised 07/2008

IDAHO SECRETARY OF STATE
07/22/2008 05:00
CK: 51038 CT: 21288 BH: 1128247
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