## ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

Nov 17 2 31 PH '00



1	The name of the professional limited liability company is: STAIL S
2.	The professional limited liability company is organized for the practice of the profession(s) of:MEDICINE
3.	The address of the initial registered office is
<b>4</b> . <b>5</b> .	Is management of the limited liability company vested in a manager or managers?  Yes  No (check appropriate box)  If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one member.  Name:  Address:  S. GORDON LEFTENANT, MD  PO BOX 9649, BOISE, ID 83707
- - - 3). §§ a - -	Signature(s) of at least one person listed in #6    INNIO SECRETARY OF STATE   Secretary of State use only   11/17/2000 199:000
	W 13487