



STATEMENT OF CONVERSION

Pursuant to § 30-22-405, Idaho Code

Filing fee: \$30 typed, \$50 not typed

Complete and submit the form in duplicate.

For Office Use Only

-FILED-

File #: 0003385506

Date Filed: 12/31/2018 11:22:00 AM

Note: Conversion documents are complex. Please seek appropriate legal and/or financial advice before making this important business decision.

1. CONVERTING ENTITY:

Name: Comprehensive Care Primary Care and Wellness Center PLLC

Jurisdiction: Idaho

Type: Professional Limited Liability Company

(Corporation, Limited Liability Company, Limited Partnership, etc...)

- ☒ This is a domestic entity, and this plan of conversion was approved in accordance with § 30-22-403, Idaho Code.
- ☐ This is a foreign entity, and this plan of conversion was approved in accordance with the law of its jurisdiction of formation.

2. CONVERTED ENTITY:

Name: Comprehensive Care Primary Care and Wellness Center LLC

Jurisdiction: Idaho

Type: Limited Liability Company

(Corporation, Limited Liability Company, Limited Partnership, etc...)

- a. If this is a domestic entity or domestic limited liability partnership, please attach a copy of the entity's public organic record, or statement of qualification.
- b. If this is a foreign entity please designate a registered agent in the space provided:

(Registered Agent Name)

(Address)

3. EFFECTIVE DATE OF CONVERSION:

☒ Effective upon filing

☐ On future date: _____
(Enter date - not more than 90 days in the future)

Printed Name: Martin A. Man...

Capacity: Managing Member

Signature: [Signature]

Secretary of State use only



0003367358

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$100.00 - Make Checks Payable to Secretary of State

1. Limited Liability Company Name									
The name of the limited liability company is:	Comprehensive Care Primary Care and Wellness Center LLC								
2. The complete street address of the principal office is:									
Principal Office Address	3302 VALENCIA DRIVE SUITE 102 IDAHO FALLS, ID 893404								
3. The mailing address of the principal office is:									
Mailing Address	DR. MARTIN MANGAN 3302 VALENCIA DR STE 102 IDAHO FALLS, ID 83404								
4. Registered Agent Name and Address									
Registered Agent	Registered Agent Martin A. Mangan Physical Address: 98 N CAMBRIDGE DR. RIGBY, ID 83442 Mailing Address: 98 N. CAMBRIDGE DR. RIGBY, ID 83442								
5. Governors									
<table border="1"><thead><tr><th>Name of individual or organization</th><th>Address</th></tr></thead><tbody><tr><td>Fahim Rahim</td><td>DR. FAHIM RAHIM 444 HOSPITAL WAY #600 POCATELLO, ID 83201</td></tr><tr><td>Naeem Rahim</td><td>DR. NAEEM RAHIM 444 HOSPITAL WAY #600 POCATELLO, ID 83201</td></tr><tr><td>Martin Mangan</td><td>DR. MARTIN MANGAN 98 N CAMBRIDGE DR. RIGBY, ID 83442</td></tr></tbody></table>		Name of individual or organization	Address	Fahim Rahim	DR. FAHIM RAHIM 444 HOSPITAL WAY #600 POCATELLO, ID 83201	Naeem Rahim	DR. NAEEM RAHIM 444 HOSPITAL WAY #600 POCATELLO, ID 83201	Martin Mangan	DR. MARTIN MANGAN 98 N CAMBRIDGE DR. RIGBY, ID 83442
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Signature of Organizer:									
<u>Martin Angus Mangan</u>	<u>12/10/2018</u>								
Sign Here	Date								

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