

## ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

F: ED/EFFECTIVE

(Instructions on back of application)

01 DEC 28 AM 8: 55

1.	The name of the professional limited liability company is: Blue Thakes STATE  Gastroenterology, P.L.L.C.
2.	The professional LLC is organized for the practice in the profession of:gastroenterology
3.	The address of the initial registered office is: 660 Shoshone St., Twin Falls, ID
	and the name of the initial registered agent is: Robert M. Ward, M.D.  P.A.
4.	Management of the professional limited liability company will be vested in:
	☐ Manager(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
	Robert M. Ward, M.D., P.A. 1070 Laurelwood Ct., Twin Falls, Idaho 83301
	Allen J. Sinclair. M.D., P.A. 3069 Boehm Estates, Twin Falls.  Idaho 83301
6.	Signature(s) of at least one person responsible for forming the limited liability company:  Signature
	Typed Name Robert M. Ward, M.D.  Capacity  Signature  Typed Name Allen J. Sinclair, M.D.  Capacity  Capacity  IDAHO SECRETARY OF STATE 12/28/2901 05:00  CK: 4636 CT: 138316 BH: 436982 1 @ 199.69 = 199.69 PROF LLC # 2

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