

# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2004 JAN 20 AM 9:51

STATE  
OF IDAHO

2004 JAN 20 AM 9:13  
STATE  
OF IDAHO

FILED EFFECTIVE

1. The name of the limited liability company is:

Treasure Valley Cytology Services, LLC

2. The street address of the initial registered office is:

2880 North Uppa Spring Street; Meridian, ID 83642

and the name of the initial registered agent at the above address is:

Jodene A. Gilman

3. The mailing address for future correspondence is:

2880 North Uppa Spring Street; Meridian, ID 83642

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the members, list the name(s) and address(es) of at least one initial member.

Name

Address

Jodene A. Gilman

2880 North Uppa Spring St. Meridian ID  
83642

6. Signature of at least one person responsible for forming the limited liability company:

Signature: Jodene A. Gilman

Typed Name: Jodene A. Gilman

Capacity: Member

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Secretary of State use only

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Revised 07/2002

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01/30/2004 05:00  
CK: 2824 CT: 176140 BH: 724658  
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