



**ARTICLES OF ORGANIZATION
PROFESSIONAL LIMITED
LIABILITY COMPANY**

(Instructions on back of application)

FILED EFFECTIVE
2003-01-13 in 044
State of Idaho

1. The name of the professional limited liability company is:
Karen A. Thykeson, M.D., P.L.L.C.
2. The professional LLC is organized for the practice in the profession of: medicine
3. The address of the initial registered office is: 136929 N. McCormick Trail; Hayden, ID 83835
and the name of the initial registered agent is: Karen A. Thykeson
4. Management of the professional limited liability company will be vested in:
 Manager(s) Member(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

Karen A. Thykeson

Address

PO Box 1385

Hayden, ID 83835

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

Signature Karen Thykeson

Typed Name Karen A. Thykeson

Capacity member

Signature _____

Typed Name _____

Capacity _____

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Revised 09/2002
Web Form

IDaho SECRETARY OF STATE
01/14/2003 05:00
CK: 2888 CT: 166102 BH: 656631
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