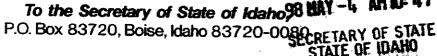
ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY To the Secretary of State of Idaho 98 MAY - 4, MH ID: 4.1





	The name of the professional limited liability comp	pany is: HIGH DESERT PLASTIC,
	RECONSTRUCTIVE & HAND ASSOCIATES. PLLC	
2.	The professional limited liability company is organ of: _medicine	ized for the practice of the profession(s)
3.		00 Channing Way, Suite 213,
	Idaho Falls, ID, 83404	, and the name of the
	initial registered agent at that address is willi	am Wilson, M.D.
	Signature of registered agent:	en fe
4.	The latest date certain on which the professional li 12-31-2050	imited liability company will dissolve is:
5.	Is management of the limited liability company vested in a manager or managers? [Yes No (check appropriate box)	
6.	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.	
	least one initial manager. If management is vested address(es) of at least one member.	s), list the name(s) and address(es) of at I in the members, list the name(s) and
	least one initial manager. If management is vested address(es) of at least one member. Name:	s), list the name(s) and address(es) of at d in the members, list the name(s) and Address:
	least one initial manager. If management is vested address(es) of at least one member. Name: William Wilson, M.D. 2860	Address: Channing Way, Suite 28
	least one initial manager. If management is vested address(es) of at least one member. Name: William Wilson, M.D. 2860	in the members, list the name(s) and Address:
	least one initial manager. If management is vested address(es) of at least one member. Name: William Wilson, M.D. 2860	Address: Channing Way. Suite 283
	least one initial manager. If management is vested address(es) of at least one member. Name: William Wilson, M.D. 2860	Address: Channing Way, Suite 28
	least one initial manager. If management is vested address(es) of at least one member. Name: William Wilson, M.D. 2860	Address: Channing Way. Suite 283
7.	least one initial manager. If management is vested address(es) of at least one member. Name: William Wilson, M.D. 2860 Idaho Signature(s) of at least one person listed in #6	Address: Channing Way. Suite 283 o Falls, ID 83404
7.	Signature(s) of at least one person listed in #6	Address: Channing Way. Suite 213 o Falls, ID 83404
7.	least one initial manager. If management is vested address(es) of at least one member. Name: William Wilson, M.D. 2860 Idaho Signature(s) of at least one person listed in #6	Address: Channing Way. Suite 283 o Falls, ID 83404
7.	Signature(s) of at least one person listed in #6	Address: Channing Way. Suite 2% o Falls, ID 83404
7.	Signature(s) of at least one person listed in #6	Address: Channing Way. Suite 283 o Falls, ID 83404