



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2009 JUN 19 PM 2:36

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Bennett Mountain Emergency Physicians, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

2170 Bell County Court, Mountain Home, Idaho 83647

(Street Address)

P.O. Box 1019, Mountain Home, Idaho 83647

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Corporation Services Company

(Name)

1401 Shoreline Drive, Suite 2, Boise, ID 83702

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Mountain States Family Practice
Clinic, P.C.

P.O. Box 1019 Mountain Home, Idaho 83647

5. Mailing address for future correspondence (annual report notices):

P.O. Box 1019 Mountain Home, Idaho 83647

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Mountain States Family Practice Clinic, P.C.

Signature By: Dennis Dan Crossley, President

Typed Name: _____

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
06/19/2009 05:00
CK: NONE CT: 2105 BH: 1175683
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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