

# ARTICLES OF ORGANIZATION FILED PROFESSIONAL LIMITED LIABILITY COMPANY



(Instructions on back of application)

98 JUN 15 AM 10:  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the professional limited liability company is: Comprehensive Urgent and Family Care P.L.L.C.

2. The professional limited liability company is organized for the practice of the profession(s) of: Medical Services

3. The address of the initial registered office is 329 South Woodruff, Idaho Falls, Idaho 83401 (not a PO Box), and the name of the initial registered agent at that address is Dr. David P. Bowman

Signature of registered agent: *Dr. David P. Bowman*

4. Is management of the limited liability company vested in a manager or managers?  
 Yes  No (check appropriate box)

5. 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.

Name:

Address:

Dr. David P. Bowman

5223 Sagewood, Idaho Falls, ID 83406

6. Signature(s) of at least one person listed in #6 above: *Dr. David P. Bowman*

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IDAHO SECRETARY OF STATE  
Secretary of State Use only

06/15/1998 09:00  
CX: 1514 CT: 100074 IN: 119642

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