

Typed Name:

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 JUL -9 PM 3: 16 TE.

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The name of the limited liability co	ompany is: .TE STREET INVEST	SECRETARY OF STATE STATE OF IDAHO
PHMG STA  The complete street address, and	<del></del>	
principal office:	aming adultess	amoroni, or the mittal designate
3071 E. Frankli	in, Suite 301, Meridia	an, Idaho 83642
The name of the commercial regis address of the non-commercial reg		he name and complete street
David Peterman, M.D., 303	71 E. Franklin, Suite	e 301, Meridian, Idaho 83642
The name and address of at least	one member or i	manager of the limited liability
company: Name		Address
David Peterman, M.D., 3071 E. Franklir	1 3071 E. Fran	nklin, Suite 301, Meridian, Idaho 83642
Mailing address for future corresp		
3071 E. Frank	lin, Suite 301, Meridi	lian, Idaho 83642
Eutura offective date of filing (enti-	nnal).	
Future effective date of filing (option	Ullaily.	
nature of an organizer(s). (An organi		
s acting in behalf of a required, and existing nembers).		Secretary of State use only
All money.	K. PMD	IDAHO SECRETARY OF S  ### IDAHO SECRETARY OF S  ### IDAHO SECRETARY OF S  #### IDAHO SECRETARY OF S  ###################################
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ped Name: Paul M. Boyd, Orga	anizer &	IDAHO SECRETARY OF S
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