FILED EFFECTIVE



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

05 AUG 29 PM 3: 07

The name of the limited liability co Par, LLC	mpany is:	SECRETARY OF STATE STATE OF IDAHO	
2. The street address of the initial reg		40-5000	
and the name of the initial registere Kimberly A. Vorse, M.D.	ed agent at the above a	address is:	
3. The mailing address for future correction. PO Box 5000 Keto	•		
4. Management of the limited liability	company will be vested	d in:	
Manager(s) ✓ or Member(s)	(please check the appro	opriate box)	
5. If management is to be vested in or address(es) of at least one initial member(s), list the name(s) and ac	nanager. If managemer	nt is to be vested in the	
Name		Address	
Kimberly A. Vorse, M.D.	380 Washington Ave., Suite 201		
	Ketchum, Idaho 8	Ketchum, Idaho 83340-5000	
6. Signature of at least one person res	sponsible for forming th	ne limited liability company:	
Signature: Prior C. Lorson		Secretary of State use only	
Typed Name: Brian C. Larsen Capacity: Organizer	anization.		
	Pforms/L.C.forms/artsoforganization.p65	IDAHO SECRETARY OF STATE	
Signature	forms/LLC/orms/a	08/29/2005 05:00 CX: 95993 CT: 28522 BH: 98A981	
Typed Name:	10.6	ANIMATE OF CONCE DATA AND AND T	

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