



STATEMENT OF CONVERSION

Pursuant to § 30-22-405, Idaho Code

Filing fee: \$30 typed, \$50 not typed

Complete and submit the form in duplicate.

For Office Use Only

-FILED-

File #: 0003347843

Date Filed: 11/9/2018 12:56:00 PM

Note: Conversion documents are complex. Please seek appropriate legal and/or financial advice before making this important business decision.

1. CONVERTING ENTITY:

Name: RHEUMATOLOGY SERVICES OF IDAHO INC

Jurisdiction: IDAHO

Type: CORPORATION

(Corporation, Limited Liability Company, Limited Partnership, etc...)

☒ This is a domestic entity, and this plan of conversion was approved in accordance with § 30-22-403, Idaho Code.

☐ This is a foreign entity, and this plan of conversion was approved in accordance with the law of its jurisdiction of formation.

2. CONVERTED ENTITY:

Name: RHEUMATOLOGY SERVICES OF IDAHO P.C.

Jurisdiction: IDAHO

Type: PROFESSIONAL SERVICE CORPORATION

(Corporation, Limited Liability Company, Limited Partnership, etc...)

a. If this is a **domestic** entity or domestic limited liability partnership, please attach a copy of the entity's public organic record, or statement of qualification.

b. If this is a **foreign** entity please designate a registered agent in the space provided:

(Registered Agent Name)

(Address)

3. EFFECTIVE DATE OF CONVERSION:

☒ Effective upon filing

☐ On future date: _____
(Enter date – not more than 90 days in the future)

Printed Name: MIKAEL D. LAGWINSKI

Capacity: PRESIDENT

Signature:

Secretary of State use only



ARTICLES OF INCORPORATION

(Professional Service Corporation)

Title 30, Chapters 21 and 29, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the form in duplicate.

☐ This professional business corporation is a **benefit corporation**.
(Check if applicable pursuant to Title 30, Chapter 20, Idaho Code)

Article 1: The name of the professional corporation shall be:

RHEUMATOLOGY SERVICES OF IDAHO P.C.

Article 2: The corporation is organized for the practice of the profession(s) of:

medicine

(See instructions for accepted professions)

Article 3: The number of shares the corporation is authorized to issue: 10,000

Article 4: Registered agent name and address:

AMBER R. MYRICK, 1087 W. RIVER ST., STE. 150, BOISE, ID 83702

(Name)

(Address)

Article 5: Incorporator name and address:

AMBER R. MYRICK, P.O. BOX 7363, BOISE, ID 83707-1363

(Name)

(Address)

Article 6: The mailing address of the corporation shall be:

P.O. BOX 7363, BOISE, ID 83707-1363

(Address)

Optional Articles (director names and addresses, for example):

Signature of at least one incorporator:

Printed Name: AMBER R. MYRICK

Signature: *Amber R Myrick*

Printed Name: _____

Signature: _____

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