

ARTICLES OF ORGANIZATION **FILED/EFFECTIVE**

LIMITED LIABILITY COMPANY

(Instructions on back of application) (1) APR -4 AM 8:45

STATE OF IDAHO

1. The name of the limited liability company is: ROCKY MOUNTAIN MEDICINE, LLC
2. The address of the initial registered office is: 329 SOUTH WOODRUFF AVE, IDAHO FALLS, ID 83401 and the name of the initial registered agent at that address is: DR. DAVID F DANIELS
3. Management of the limited liability company will be vested in:

Manager(s) or Member(s) . (Please check the appropriate box)

4. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the members, list the name(s) and address(es) of at least one initial member.

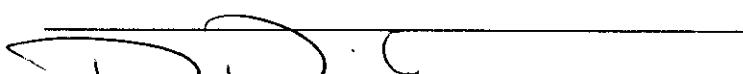
Name

Address

DR. DAVID F DANIELS

128 K STREET, REXBURG, ID 83440

5. Signature of at least one person responsible for forming the limited liability company:



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Revised 2/99

IDAHO SECRETARY OF STATE only
04/04/2001 09:00
CK: 1675 CT: 144557 BH: 389005
1 @ 100.00 = 100.00 ORGAN LLC # 2

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