

ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED PROFESSIONAL LIMITED

| | (and a substitution of application) |
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| 1. | The name of the professional limited liability company is: <u>Caldwell and Downs Family Practice</u> , P.L.L.C. |
| 2. | The professional LLC is organized for the practice in the profession of: Medicine |
| 3. | The address of the initial registered office is: 206 Indiana, Suite 113, Coeur d' 83814 Alene, Idaho and the name of the initial registered agent is: Thomas B. Amberson, Esq. |
| 4. | Management of the professional limited liability company will be vested in: |
| | x⊠x Manager(s) ☐ Member(s) |
| 5. | If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member. |
| | Name Address |
| | Henry C. Downs, M.D. 500 Frazier Drive, Post Falls, ID 8385 |
| | |
| | |
| | Signature(s) of at least one person responsible for forming the limited liability company: |
| | Signature 8 |
| | yped Name <u>Thomas B. Amberson, Esq.</u> Capacity <u>Organizer</u> |
| _ | Description to the second seco |
| | ignature |
| | Typed Name |

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