W3842

ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

APR 8 10 01 AM '9

of: <u>Psychiatry</u>				•	
The address of the	initial registered office	9 is 4969 N		ne,	
Boise, Idaho	83702	•		, and the name	of th
initial registered a	gent at that address is	A. Dal	e Gulledge		
Signature of regist	ered agent: 4. Nale	. Gullelge !	40.		
The latest date ce	tain on which the profe	essional limi	ted liability com	npany will dissol	ve is
December 31,					
	the limited liability con ☐ Yes	npany veste	d in a manager (check appro)	•	
Is management of If management is vileast one initial manaddress(es) of at le	☐ Yes rested in one or more r nager. If managemen	₩ No manager(s),	(check appropriate (state of the character)	priate box) i) and address(e list the name(s)	
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Is management of If management is value one initial management is value of at least one of at	Yes rested in one or more renager. If management east one member. ame: dge, M.D.	Manager(s), t is vested in	(check appropriate (some state of the members, Address Hollow Lar	priate box) i) and address(e list the name(s) ss: ne, Boise, I	D 8: