

ARTICLES OF ORGANIZATIONFILED EFFECTIVE PROFESSIONAL LIMITED LIABILITY COMPANY

06 DEC 13 AM 11: 16

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the professional limited liability company is: KIM L. COX, MD, PLLC	
2.	The professional LLC is organized for the pract	tice in the profession of: MEDICINE
3.	The address of the initial registered office is:	201 E. CENTER ST., POCATELLO, ID 83204
	and the name of the initial registered agent is:	ERIC L. OLSEN
4.	Management of the professional limited liability company will be vested in: 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
	KIM L. COX	500 SOUTH 11TH AVE., 4TH FLOOR
		POCATELLO, ID 83201
6.	. Signature(s) of at least one person responsible for forming the limited liability company:	
	Signature Louis & Cuper	
	Typed Name CONRAD J. AIKEN	
	Capacity ORGANIZER	Ç
	Signature	Second Secretary of State 12/13/2006 05:00 CK: 2811 CT: 169988 BH: 161935: 1 0 100.08 = 100.00 PROF LLC
	Typed Name	12/13/2006 05:00 CK: 2811 CT: 169988 BH: 1019357
	Capacity	1 0 100.00 = 100.00 PROFILIC B

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