

## ARTICLES OF ORGANIZATION COMPANY

02 APR 11 PN 2:10

(Instructions on back of application)

STATE OF IDAHO

1.	The name of the limited liability company if Group, L.L.C.	S: <u>Teton Anesthesia Investment</u>
2.	The street address of the initial registered office is: 1945 East 17th Street,	
	Idaho Falls, Idaho 83404	and the name of the initial registered
	agent at the above address is: Mark L. I	
3.	The mailing address for future correspondence: 1945 East 17th Street,	
	Idaho Falls, Idaho 83404	
4.	Management of the limited liability company will be vested in:	
	Manager(s) or Member(s) . (please che	eck the appropriate box)
5.	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) a address(es) of at least one initial member.  Name  Address	
	Steven V. Klippert, M.D.	5556 South 45th East
		Idaho Falls, Idaho 83401
	Mark L. Petersen, M.D.	2940 Balboa Drive
		Idaho Falls, Idaho 83404
	Keith W. Scheuermann, M.D.	756 S. Foothill Drive
		Idaho Falls, Idaho 83401
6.	Signature of at least one person responsible Signature Why Layer M	for forming the limited liability company:
	Typed Name <u>Steven V. Klippert, M</u> Member	D. Secretary of State use only
	Signature Manh Potusen N	Secretary of State use only    Doctor   Secretary of State use only
	Typed Name Mark L. Petersen	CK: 12648 CT: 1793 BH: 458570
	Capacity Member	1 9 20.00 = 20.00 EXPEDITE C # 3 $\sim 1.00 \times $