FILED ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY



Sa FEB -9 AHTI: 2(Instructions on back of application)

The name of the professional limited lial Associates, P.L.L.C.	bility company is: <u>Southern Idaho Cardiology</u>
The professional limited liability companof: _Medicine	ny is organized for the practice of the profession(s)
The address of the initial registered office 83301	(not a PO Box) , and the name of the
Signature of registered agent:	wayne E. Wright, M.D.
Is management of the limited liability con	mpany vested in a manager or managers? No (check appropriate box)
	manager(s), list the name(s) and address(es) of at nt is vested in the members, list the name(s) and Address:
Wayne F. Wright, M.D.	526 Shoup Avenue West, Twin Falls, Idaho
Wayne F. Wright, M.D.	526 Shoup Avenue West, Twin Falls, Idaho
Signature(s) of at least one person listed above:	
	The professional limited liability comparof: Medicine The address of the initial registered office 83301 initial registered agent at that address is Signature of registered agent: Is management of the limited liability comparate address in the second of the limited liability comparate address (es) of at least one member.