ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)



		Name of the second seco
1.	The name of the professional limited liability company is: STATE ALASmith, M D Comprehensive Psychiatric Services PLLC	
2.	The professional limited liability company is organized for the practice of the profession(s) of: Medicine	
3.	The address of the initial registered office is	(not a PO Box) and the name of the
	initial registered agent at that address is	Gregory C. Calder
	Signature of registered agent:	o C. Cala
4.	Is management of the limited liability compa	any vested in a manager or managers? No (check appropriate box)
5.	If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one member.	
	Name:	Address:
	David H. Smith	2832 Glenwood Drive, Idaho Falla, ID. 83404
		:
6.	Signature(s) of at least one person listed in #	#6
		Secretary of State use only 87/86/1999 89:800 CK: 4486 CT: 1681 BH: 231579 1 9 180.86 = 180.86 PROF LLC # 2