

## ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

-2007 HAR -2 AM 9: 05

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAMO

1.	The name of the professional limited liability co	mpany is: STATE OF IDAHO
2.	The professional LLC is organized for the pract	tice in the profession of: NURSING
3.	The address of the initial registered office is:	180 S. FANNING IDAHO FALLS, ID 83401
	and the name of the initial registered agent is:	BRYCE ANDERSEN
4.	Management of the professional limited liability	company will be vested in:
	☑ Manager(s) ☐ Memi	ber(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
	BRYCE ANDERSEN	180 S. FANNING IDAHO FALLS, ID 83401
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6.	Signature(s) of at least one person responsible  Signature Falipe Acc	for forming the limited liability company:
	Typed Name BRYCE ANDERSEN	phc.p65
	Capacity MANAGER	— upgaziju u u u u u u u u u u u u u u u u u u
	Signature	IDAHO SECRETARY OF STATE    10
	Typed Name	O3/02/2007 05:00 CK: 1691 CT: 171497 BH: 1936766 1 0 198.00 = 190.00 PROF LLC #
	Capacity	-   §

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