



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2006 JAN -5 AM 9:17

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

M.M.A., LLC

2. The street address of the initial registered office is:

844 Washington Street North, Suite 100, Twin Falls, Idaho 83301

and the name of the initial registered agent at the above address is:

Mary Belliston

3. The mailing address for future correspondence is:

844 Washington Street North, Suite 100, Twin Falls, Idaho 83301

4. Management of the limited liability company will be vested in:

Manager(s) or Member(s) (please check 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 member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
<u>Mary Belliston</u>	<u>844 Washington Street North, Suite 100</u>
	<u>Twin Falls, Idaho 83301</u>
<u>Marilyn Hulse</u>	<u>844 Washington Street North, Suite 100</u>
	<u>Twin Falls, Idaho 83301</u>
<u>Alan D. Olmstead, M.D.</u>	<u>844 Washington Street North, Suite 100</u>
	<u>Twin Falls, Idaho 83301</u>

6. Signature of at least one person responsible for forming the limited liability company:

Signature: Mary Belliston
Typed Name: Mary Belliston
Capacity: Member

Secretary of State use only

Signature _____
Typed Name: _____
Capacity: _____

g:\corporations\LLC\forms\start\organization\p65
Revised 07/2002

W46128
IDAHO SECRETARY OF STATE
01/05/2006 05:00
CK: 1187 CT: 184172 BH: 930240
1 @ 100.00 = 100.00 ORGAN LLC # 2