

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2014 HAR 10 PM 1: 52

(Instruc	tions on back of application)	SECRETARY OF STAT	
1. The name of the limite	ed liability company is:	STATE OF IDAHO	
West Valley Medical Group			
	nd mailing addresses of the ini	itial designated office:	
•	treet, Suite G, Boise	•	
(Street Address)		No. 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
(Mailing Address, if different that	n street address)		
3. The name and complete	te street address of the registe	ered agent:	
C T Corporation System	921 S Orchard Stree	921 S Orchard Street, Suite G, Boise, Idaho 83705	
(Name)	(Street Address)	(Street Address)	
company: Name William B. Rutherford	One Park Plaza, Nas	Address shville. TN 37203	
Donald W. Stinnett	One Park Plaza, Nas	shville, TN 37203	
John M. Franck II	One Park Plaza, Nas	One Park Plaza, Nashville, TN 37203	
E Mailing address for factor	ra aarraanandanaa /annisal ra	nort notions):	
 Mailing address for futu One Park Plaza - Legal Dept. 	re correspondence (annual re , Nashville, TN 37203	port notices):	
6. Future effective date of	filing (optional):		
Signature of a manager, person.	member or authorized		
Signature Ken 4.	Ball	Secretary of State use only	
yped Name: Kevin A. Ball, O	rganizer	W135233	
		IDAHO SECRETARY OF STATE	
Signature		03/10/2014 05:0 CK: NONE CT: 278665 BH: 1414	
yped Name:		1 0 100.00 = 100.00 ORGAN LLC 1 0 20.00 = 20.00 EXPEDITE	