



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2004 APR -2 AM 9:05

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Referral and Information Services, LLC

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

451 2nd Avenue West, Twin Falls, ID 83301

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

Leon Martin

3. The mailing address for future correspondence is:

451 2nd Ave West, Twin Falls, ID 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>Leon Martin</u>	<u>451 2nd Ave West, Twin Falls, ID 83301</u>
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6. Signature of at least one person responsible for forming the limited liability company:

Signature: *Leon Martin*
 Typed Name: Leon Martin
 Capacity: Member

Signature:
 Typed Name:
 Capacity:

Secretary of State use only

g:\corp\forms\LLC\forms\articlesoforganization.pdf
 Revised 07/2002

IDAHO SECRETARY OF STATE
 04/02/2004 05:00
 CK: 2381 CT: 178061 BH: 737046
 1 @ 100.00 = 100.00 ORGAN LLC # 2

Web Form

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