



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2004 OCT -6 AM 10:26

STATE OF IDAHO

1. The name of the limited liability company is:

Cascade Practice Management LLC

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

2620 W Sheryl St, Meridian, ID 83642

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

Eileen K Hoogland

3. The mailing address for future correspondence is:

2620 W Sheryl St, Meridian, ID 83642

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>Eileen K Hoogland</u>	<u>2620 W Sheryl St, Meridian, ID 83642</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

Signature: Eileen K Hoogland

Typed Name: Eileen K Hoogland

Capacity: Organizer

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Secretary of State use only

IdahoForm LLC Form 1001-Organization, p65  
Revised 07/2002

IDAHO SECRETARY OF STATE  
10/06/2004 05:00  
CK: 245 CT: 182693 BH: 769727  
1 @ 100.00 = 100.00 ORGAN LLC # 2

Web Form

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