



# ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

2005 DEC -8 AM 9: 04

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

- The name of the professional limited liability company is: The Back Pain Center PLLC
- The professional LLC is organized for the practice in the profession of: Medicine
- The address of the initial registered office is: 180 Spirit Cove, Idaho Falls, ID 83404  
and the name of the initial registered agent is: Lloyd Don Stolworthy
- Management of the professional limited liability company will be vested in:  
☐ Manager(s) ☒ Member(s)
- 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

Lloyd Don Stolworthy

180 Spirit Cove, Idaho Falls, ID 83404

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- Signature(s) of at least one person responsible for forming the limited liability company:

Signature

*Lloyd Don Stolworthy*

Typed Name

Lloyd Don Stolworthy

Capacity

Member, Physician

Signature

Typed Name

Capacity

g:\corp\forms\arts of organization\_pllc.pdf  
Revised 10/2002

Web Form

IDAHO SECRETARY OF STATE  
12/08/2005 05:00  
CK: 8176 CT: 194736 BH: 925693  
1 @ 100.00 = 100.00 PROF LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

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