



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 JUN 16 PM 2:08

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Accordance Therapy LLC

2. The complete street and mailing addresses of the initial designated office:

3117 Longbow Dr.

(Street Address)

Twin Falls, ID 83301

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Lisa McInnes

(Name)

3117 Longbow Dr., T.F., ID 83301

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Shawna Fultz

Name

158A North 500 West Jerome, ID

Address

Lisa McInnes

3117 Longbow Dr. T.F., ID 83301

5. Mailing address for future correspondence (annual report notices):

3117 Longbow Dr., Twin Falls, ID 83301

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Shawna Fultz

Typed Name: Shawna Fultz

Signature

Lisa McInnes

Typed Name: Lisa McInnes

Secretary of State use only

IDAHO SECRETARY OF STATE

06/16/2015 05:00

CR:1022 CT:311439 BH:1480131

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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