## FILED EFFECTIVE



## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

2006 DEC 14 AM 9: 33

SECRETARY DE STATE

	(Instructions on back	(ofapplication)	· · · · · · · · · · · · · · · · · · ·
1. The name	of the limited liability com	pany is:	
Pita Gro	oup, LLC		
2. The street	address of the initial regis	stered office is:	
105 N. 4t	h Street, Suite 208, Coeu	ur d'Alene, ID 83814	
and the na	me of the initial registered	lagent at the above add	ress is:
Jack T. R	iggs, MD		
3. The mailing	g address for future corres	spondence is:	,
105 N. 4t	h Street, Suite 208, Coeu	ır d'Alene, ID 83814	
4. Manageme	ent of the limited liability co	ompany will be vested in	
Manager(s	) 🗸 or Member(s) 🗌	(please check the appropria	te box)
address(es	nent is to be vested in one s) of at least one initial mar n, list the name(s) and add	nager. If management is	to be vested in the
address(es	s) of at least one initial mar , list the name(s) and add Name	nager. If management is ress(es) of at least one i	to be vested in the
address(es member(s)	s) of at least one initial mar , list the name(s) and add Name	nager. If management is ress(es) of at least one i	to be vested in the nitial member.  Address
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Jack T. R	s) of at least one initial mar , list the name(s) and add Name	nager. If management is ress(es) of at least one i	to be vested in the nitial member.  Address Secur d'Alene, ID 83814
Jack T. R  Signature of Signature:	s) of at least one initial mar I, list the name(s) and add Name	nager. If management is ress(es) of at least one i	to be vested in the nitial member.  Address Ocur d'Alene, ID 83814
Jack T. R  Signature of Signature:	s) of at least one initial mar I, list the name(s) and add Name liggs, MD	nager. If management is ress(es) of at least one i	to be vested in the nitial member.  Address Secur d'Alene, ID 83814
Jack T. R  Jack T. R  Signature of Signature: Typed Name Capacity: M	s) of at least one initial mar I, list the name(s) and add Name liggs, MD	nager. If management is ress(es) of at least one i	to be vested in the nitial member.  Address Secur d'Alene, ID 83814
address(es member(s)  Jack T. R  Jack T. R  Signature of Signature: Typed Name	s) of at least one initial mar n, list the name(s) and addi Name liggs, MD	nager. If management is ress(es) of at least one i	to be vested in the nitial member.  Address Secur d'Alene, ID 83814