

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

06 MAR 22 AM 11:53

OF OBSERVE

		SEUREL I CA STATE	
1.	The name of the limited liability compa	SECRE OF STATE STATE OF IDAHO	
	Sparks Institute of Health, LLC		
2.	The street address of the initial registe	ered office is:	
	4344 North Nines Ridge Lane, Boise,		
	and the name of the initial registered agent at the above address is:		
	Dr. David Sparks		
3.	The mailing address for future corresp	ondence is:	
	4344 North Nines Ridge Lane, Boise,	Idaho 83702	
4.	Management of the limited liability con	npany will be vested in:	
	Manager(\$) ☐ or Member(s) ⊠	(please check the appropriate box)	
5.	management is to be vested in one or more manager(s), list the name(s) and ddress(es) of at least one initial manager. If management is to be vested in the ember(s), list the name(s) and address(es) of at least one initial member.		
	Name	Address	
	David Sparks	4344 North Nines Ridge Lane, Boise, Idaho 83702	
	June Thompson Sparks	4344 North Nines Ridge Lane, Boise, Idaho 83702	
		7	
6.	Signature of at least one person response	nsible for forming the limited liability company:	
	Signature:	Secretary of State use only	
	Typed Name: Dr. David Sparks	Spd c	
	Capacity: Managing Member	ganizato	
	Signature:	m. 48 J 8 J	
	Type Name:	07/200	
	Capacity:	IDAHO SECRETARY OF STATE 93/22/2006 05:00	
		CK: 1591 CT: 198381 BH: 944838	