

**FILED EFFECTIVE**



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

07 APR -3 AM 11:12

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

**DESIGN THERAPY LLC**

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

500 BELL DRIVE UNIT 14, KETCHUM, ID 83340

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

SHAWN PHILLIPS

- 3. The mailing address for future correspondence is:**

500 BELL DRIVE UNIT 14, KETCHUM, ID 83340

- 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**

SHAWN PHILLIPS

500 BELL DR, UNIT 14, KETCHUM, ID 83340

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

Signature

Typed Name: ~~SHAWN PHILLIPS~~

Capacity: ~~MEMBER~~

**Signature**

Typed Name:

**Capacity:**

**Secretary of State use only**

IDAHO SECRETARY OF STATE  
04/03/2007 05:00  
CK: 4895 CT: 211728 BH: 1844517  
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