FILED EFFECTIVE



Capacity: _

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1.	The name of the limited liability comp	pany is:
	Hope for Health, LLC	
2.	The street address of the initial registered office is: 1174 Norton Ave., Idaho Falls, Id 83402	
	and the name of the initial registered	agent at the above address is:
	Susan Smith	
3.	The mailing address for future corres	spondence is:
	380 North Capital, Idaho Falls, Id 83402	
4.	The limited liability company will be:	
		r-managed (please check the appropriate box)
5.	 If manager-managed, list the name(s) and address(es) of at least one initial manager If member-managed, list the name(s) and address(es) of at least one initial member. 	
	Name	Address
	Susan Smith	1174 Norton Ave., Idah Falls, Id 83402
٠٠, ٠	and the second of the second o	
6	Signature of at least one person res	sponsible for forming the limited liability company:
	Signature: Susan Smith	Secretary of State use only
	Typed Name: Susan Smith	
	Capacity: President/Owner	W70894
	Signature	IDAHO SECRETARY OF STATE Page
	Typed Name:	National Party of the Control of the