

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

| 1.   | The name of the limited liability comp  | any is:  |
|--|---|--|
|  | Flex Therapy, LLC   |  |
| 2.   | The street address of the initial registered office is: 27755 El Paso Road, Caldwell, Idaho 83607 |  |
|  |   |  |
|  | and the name of the initial registered  | agent at the above address is:   |
| 3.   | The mailing address for future corresp  | condence is:   |
|  | 27755 El Paso Road, Caldwell, Idaho 83607   |  |
| 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 nan address(es) of at least one initial manager. If management is to be vermember(s), list the name(s) and address(es) of at least one initial me |   | nager. If management is to be vested in the  |
|  | Name  | Address  |
|  | Rex Weber   | 27755 El Paso Road, Caldwell, ID 83607   |
|  | NOA TYOUGH  |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  | Cianatura of at least one person rosp   | onsible for forming the limited liability company:   |
| 6.   | Signature or arrieast one bersolt resh  | onsible for forming the inflited liability company.  |
| 6.   | Signature: 24 Weber   | Constant of State use only   |
| 6.   | Signature: Rex Weber  | Secretary of State use only  |
| 6.   | Signature: 24 Weber   | Secretary of State use only  |
| 6.   | Signature: WC&F  Typed Name: Rex Weber  Capacity: Member  | Secretary of State use only  |
| 6.   | Signature: WC&F  Typed Name: Rex Weber  | Secretary of State use only  Secretary of State use only  DORAGE STATE  SECRETARY OF STATE |

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