

Capacity: _

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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|----|---|----------------|---|---|--|
| 1. | The name of the limited liability company is: | | SEOREMAN OF STATE STATE, OF IDA HO | | |
| | Anne M. Briggs, DC LLC | | | | |
| 2. | The street address of the initial registered office is: | | | | |
| | 338 N Orchard Street Boise ID 83706 | | | | |
| | and the name of the initial registered agent at the above address is: | | | | |
| | Anne M. Briggs | | | | |
| 3 | The mailing address for future corres | | | | |
| J, | 338 N Orchard St Boise ID 83706 | | | | |
| 4 | | mnany will h | e vested | in· | |
| 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 | |
| | Anne M Briggs | 338 N Ord | 338 N Orchard St Boise ID 83706 | | |
| | | | | | |
| | | | | | |
| | 11.000 | | | | |
| | | 487 | | | |
| | | | | | |
| | | | | | |
| 6. | Signature of at least one person resp | oonsible for f | orming th | e limited liability company: | |
| | Signature: Amy Trapp | ·) | දෙ | Secretary of State use only | |
| | Typed Name: Anne M'Briggs | | izatoni | | |
| | Capacity: Managing Member | | " yms i LC term sertsolorganication p85 (eusen 07, 2002 | | |
| | Signature | | termister" 7, 2000 | IDANO SECRETARY OF STATE | |
| | Typed Name: | | msillC Eusenii | 12/09/2004 05:0 CK: 1966 CT: 150667 BH: 780 | |
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