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ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
 2004 AUG 26 AM 11:06

 SECRETARY OF STATE
 STATE OF IDAHO

1. The name of the limited liability company is:

Muscle Infusion, LLC

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

2251 North Holmes Avenue, Idaho Falls, ID 83401

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

Hal Wright

3. The mailing address for future correspondence is:

2251 North Holmes Avenue, Idaho Falls, ID 83401

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

Hal Wright
2251 N Holmes Ave, Idaho Falls, ID 83401

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

 Signature: *Scott P. Eskelson*

 Typed Name: Scott P. Eskelson

 Capacity: Organizer

Signature: _____

Typed Name: _____

Capacity: _____

Secretary of State use only

 s:\compliance\LLC\forms\articlesoforganization.pdf
 Revised 07/2002

Web Form

 IDAHO SECRETARY OF STATE
 08/26/2004 05:00
 CK: none CT: 113824 BH: 763816
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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