



ARTICLES OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2003 JUN 26 AM 8:45

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Vicki Hulet Speech Therapy LLC

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

559 Masters Drive, Idaho Falls, Idaho 83401

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

Vicki Hulet, MS, CCC-SLP

3. The mailing address for future correspondence is:

559 Masters Drive, Idaho Falls, Idaho 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) or 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
<u>Vicki Hulet, MS, CCC-SLP</u>	<u>559 Masters Drive</u>
	<u>Idaho Falls, Idaho 83401</u>

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

Signature: Vicki Hulet

Typed Name: Vicki Hulet, MS, CCC-SLP

Capacity: Member

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
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