

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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1.	The name of the limited liability company is	S: DIGESTIVE PROPERTIES, LLC		
2.		and the name of the initial registered		
3.	The mailing address for future correspondence	ce: 3200 Channing Way, Suite 306		
	Idaho Falls, ID 83404			
4.	Management of the limited liability company v	vill be vested in:		
	Manager(s) ☐ or Member(s) ☐ . (please check	ck 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 members, list the name(s) and address(es) of at least one initial member.  Name  Address			
	Paul M. Hendrix	3200 Channing Way, Suite 306		
		Idaho Falls, ID 83404		
6.	Signature of at least one person responsible	for forming the limited liability company:		
6.	Signature	for forming the limited liability company:		
6.	Signature / Typed Name Paul M. Hendrix			
6.	Signature			
6.	Signature / Typed Name Paul M. Hendrix			
6.	Signature	Secretary of State use only  1900 1000 1000 1000 1000 1000 1000 100		