

**FILED EFFECTIVE**

# **CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

10 JUN 16 PM 2:26

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Neuropathy Treatment Group LLC

2. The complete street and mailing addresses of the initial designated/principal office:

913 S. Allante Boise, ID 83709

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Kaley Sparling

(Name)

9703 W. Blue Meadows St. Boise, ID 83709

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name****Address**

James L. Sparling

9703 W Blue Meadows St. Boise, ID 83709

5. Mailing address for future correspondence (annual report notices):

9703 W. Blue Meadows Boise, ID 83709

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

James Sparling

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008IDAHO SECRETARY OF STATE  
06/16/2010 05:00  
CK: CASH CT: 248948 BN: 1226924  
1 @ 100.00 = 100.00 ORGAN LLC #

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