



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 APR -7 AM 9:15

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

HeartCry Recovery, LLC

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

521139 Highway 95

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

Susan B. Palacios

3. The mailing address for future correspondence is:

521139 Highway 95 Bonners Ferry, ID 83805

4. The limited liability company will be:

Manager-managed ☐ or Member-managed ☒ (please check the appropriate box)

5. If manager-managed, list the name(s) and address(es) of at least one initial manager.
If member-managed, list the name(s) and address(es) of at least one initial member.

Name

Address

Susan B. Palacios

521139 Highway 95 Bonners Ferry ID 83805

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

Signature: Susan B. Palacios

Typed Name: Susan B. Palacios

Capacity: Member

Signature: _____

Typed Name: _____

Capacity: _____

Secretary of State use only

IdahoLLC form for organization.pdf
Revised 06/2007

Web Form

IDAHO SECRETARY OF STATE
04/07/2008 05:00
CK: 5636 CT: 224648 BH: 1108709
1 @ 100.00 = 100.00 ORGAN LLC # 2

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