

Capacity:

ARTICLES OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2007 JUL -5 AM 9: 18

(Instructions on back of application) SECRETARY OF STATE 1. The name of the limited liability company is: STATE OF IDAHO SPEECH THERAPY SERVICES, LLC 2. The street address of the initial registered office is: 1200 WALL ST. POCATELLO, ID 83201 and the name of the initial registered agent at the above address is: **BECKY PIERCE** 3. The mailing address for future correspondence is: PO BOX 1811 IDAHO FALLS, ID 83403 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 BECKY PIERCE 1200 WALL ST. POCATELLO, ID 83201 6. Signature of at least one person responsible for forming the limited liability company: Signature: Bickey Prince. Secretary of State use only Typed Name: BECKY PIERCE Capacity: MANAGER IDAHO SECRETARY OF STATE Signature Typed Name: