

ARTICLES OF ORGANIZATION PROFESSIONAL LIMITEDLED/EFFECTIVE

LIABILITY COMPANY Oct 23 3 51 FM '01

| | (Instructions on back of application) | } | |
|----|---|--|--|
| 1. | | SEGRA SEGRAL SEG | |
| 2. | The professional LLC is organized for the practice in the profession of: Social Work | | |
| 3. | The address of the initial registered office is: 808 GreenWood, Twin Falls, ID | | |
| | 83301 and the name of the initial registered agent is | s: <u>Heidi Vitale-McBr</u> ide,LSV | |
| 4. | 4. Management of the professional limited liability company will be vested in: | | |
| | ☐ Manager(s) ☑ Member(s) | | |
| 5. | 5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member. | | |
| | Name | ddress | |
| | Heidi Vitale-McBride 808 Gree | nwood, Twin, Falls, ID 83 01 | |
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| | | | |
| | Signature(s) of at least one person responsible for forming the I | imited liability company: | |
| | Signature Lucu Tuule /// Dual | | |
| | Typed NameHeidi_Vitale=McBride Sign Sign | W16873 | |
| ; | Signature to provide Name | , | |
| | Typed Name President / Manager | IDAHO SECRETARY OF STATE 10/23/2001 05:00 CK: 4846 CT: 152751 BH: 425869 | |
| - | | 1 0 100.00 = 100.00 PROFILE # 2 | |