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|---|--|---|--|
|   | ARTICLES OF OF<br>LIMITED LIABILI  |   | FILED EFFECT   |
| A STATISTICS  | (Instructions on back  | kofapplication)   | 2006 SEP 15 AM 9:47  |
| 1. The na   | ame of the limited liability com   | pany is:  | SECOPTION HEI 9:47   |
| Preci   | sion Therapy LLC   | · · · · · · · · · · · · · · · · · · ·   | SECRETARY OF STATE<br>STATE OF IDAHO   |
| 2. The st   | reet address of the initial regis  | stered office is:   |  |
| <u>412 M</u>  | leadowlark Way Twin Falls I  | daho, 83301   |  |
|   | e name of the initial registered   | agent at the above addre  | ess is:  |
| Mark  | W. Wiseman   |   | ·  |
|   | ailing address for future corres   |   |  |
|   | leadowlark Way Twin Falls Ic   |   | -<br>  |
| 4. Manad  | ement of the limited liability co  | mpany will be vested in:  |  |
|   |  |   |  |
|   | er(s) 🚺 or Member(s) 🗹   | please check the appropriate  | box)   |
| Manag<br>5. If mana<br>address  | gement is to be vested in one<br>s(es) of at least one initial man<br>r(s), list the name(s) and addr  | or more manager(s), list i  | the name(s) and  |
| Manag<br>5. If mana<br>addres:  | gement is to be vested in one s(es) of at least one initial man  | or more manager(s), list i  | the name(s) and  |
| Manag<br>5. If mana<br>address<br>membe   | gement is to be vested in one<br>s(es) of at least one initial man<br>r(s), list the name(s) and addr  | or more manager(s), list i<br>nager. If management is t<br>ress(es) of at least one ini   | he name(s) and<br>o be vested in the<br>tial member.   |
| Manag<br>5. If mana<br>address<br>membe   | gement is to be vested in one<br>s(es) of at least one initial man<br>r(s), list the name(s) and addr<br>Name  | or more manager(s), list i<br>nager. If management is t<br>ress(es) of at least one ini   | he name(s) and<br>o be vested in the<br>tial member.<br>Address  |
| Manag<br>5. If mana<br>address<br>membe   | gement is to be vested in one<br>s(es) of at least one initial man<br>r(s), list the name(s) and addr<br>Name  | or more manager(s), list i<br>nager. If management is t<br>ress(es) of at least one ini   | he name(s) and<br>o be vested in the<br>tial member.<br>Address  |
| Manag<br>5. If mana<br>address<br>membe   | gement is to be vested in one<br>s(es) of at least one initial man<br>r(s), list the name(s) and addr<br>Name  | or more manager(s), list i<br>nager. If management is t<br>ress(es) of at least one ini   | he name(s) and<br>o be vested in the<br>tial member.<br>Address  |
| Manag<br>5. If mana<br>address<br>membe   | gement is to be vested in one<br>s(es) of at least one initial man<br>r(s), list the name(s) and addr<br>Name  | or more manager(s), list i<br>nager. If management is t<br>ress(es) of at least one ini   | he name(s) and<br>o be vested in the<br>tial member.<br>Address  |
| Manag<br>5. If mana<br>address<br>membe   | gement is to be vested in one<br>s(es) of at least one initial man<br>r(s), list the name(s) and addr<br>Name  | or more manager(s), list i<br>nager. If management is t<br>ress(es) of at least one ini   | he name(s) and<br>o be vested in the<br>tial member.<br>Address  |
| Manag<br>5. If mana<br>address<br>membe<br><u>Mark V</u><br><br>6. Signatur   | gement is to be vested in one<br>s(es) of at least one initial man<br>r(s), list the name(s) and addr<br>Name<br><u>W. Wiseman</u>   | or more manager(s), list i<br>nager. If management is to<br>ress(es) of at least one ini<br>412 Meadowlark Way  | the name(s) and<br>b be vested in the<br>tial member.<br>Address<br>Twin Falls Idaho, 83301  |
| Manag<br>5. If mana<br>address<br>membe<br><u>Mark Mark Mark Mark Mark Mark Mark</u><br>6. Signature                          | gement is to be vested in one<br>s(es) of at least one initial man<br>r(s), list the name(s) and addr<br>Name<br>W. Wiseman  | or more manager(s), list i<br>nager. If management is to<br>ress(es) of at least one ini<br>412 Meadowlark Way  | the name(s) and<br>b be vested in the<br>tial member.<br>Address<br>Twin Falls Idaho, 83301  |
| Manag<br>5. If mana<br>address<br>membe<br><u>Mark Mark Mark Mark Mark Mark Mark</u><br>6. Signature<br>Signature<br>Typed Na | re of at least one person respo  | or more manager(s), list i<br>nager. If management is to<br>ress(es) of at least one ini<br>412 Meadowlark Way  | the name(s) and<br>be vested in the<br>tial member.<br>Address<br>Twin Falls Idaho, 83301  |
| Manag<br>5. If mana<br>address<br>membe<br><u>Mark Mark Mark Mark Mark Mark Mark</u><br>6. Signature                          | re of at least one person respo  | or more manager(s), list i<br>nager. If management is to<br>ress(es) of at least one ini<br>412 Meadowlark Way  | the name(s) and<br>be vested in the<br>tial member.<br>Address<br>Twin Falls Idaho, 83301  |
| Manag<br>5. If mana<br>address<br>membe<br><u>Mark M</u><br>6. Signature<br>Typed Na<br>Capacity:<br>Signature                | gement is to be vested in one<br>s(es) of at least one initial man<br>r(s), list the name(s) and addr<br>Name<br>W. Wiseman<br>W. Wiseman  | or more manager(s), list in the set of a set of | the name(s) and<br>be vested in the<br>tial member.<br>Address<br>Twin Falls Idaho, 83301<br>ted liability company:<br>becretary of State use only |
| Manag<br>5. If mana<br>address<br>membe<br><u>Mark M</u><br>6. Signature<br>Typed Na<br>Capacity:<br>Signature                | gement is to be vested in one initial man<br>s(es) of at least one initial man<br>name<br><u>Name</u><br><u>W. Wiseman</u><br>re of at least one person respo<br><u>me: Mark W. Wiseman</u><br>Owner | or more manager(s), list in the set of a set of | the name(s) and<br>be vested in the<br>tial member.<br>Address<br>Twin Falls Idaho, 83301<br>ted liability company:<br>becretary of State use only |