



**ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

FILED EFFECTIVE
2007 MAR -9 AM 9:09

SECRETARY OF STATE
STATE OF IDAHO

- 1. The name of the limited liability company is:**

Shoulder Options, LLC

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

906 Balsam Street/ Boise, ID 83706

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

Michael Alexander

- 3. The mailing address for future correspondence is:**

906 Balsam Street/ Boise, ID 83706

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**

Scott Humphrey, M.D.

8756 W. Emerald St./ Boise, ID 83704
Ste. 176

Michael Alexander

906 Balsam St./ Boise, ID 83706

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

Signature: _____

Typed Name: Scott Humphrey, M.D.

Capacity: Majority Shareholder/ Mngr.

Signature

Typed Name: Michael Alexander

Capacity: Shareholder / Manager

Secretary of State use only

IDAHO SECRETARY OF STATE

03/16/2007 05:00
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