

## ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2005 CCT 20 ## 9: 19

(Instructions on back of application)

1.	The name of the profe	essional limited liabil ELIEF WORKERS RES	lity cor	mpany is: ORY THERAPY,	SAVE OF BEIND P. P.L.L.C.	
2.	The professional LLC	The professional LLC is organized for the practice in the profession of: Respiratory Therapy				
3.	The address of the ini	itial registered office	is:	110 E. Wallace A	ve., Coeur d'Alene, ID 83814	
	and the name of the in	itial registered agen	ıt is:	PAUL	W. DAUGHARTY	
4.	Management of the pr	agement of the professional limited liability company will be vested in:				
		Manager(s) 🖸 N	Membe	er(s)		
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 JIM MORRIS		Address P.O. Box 1239, Coeur d'Alene, ID 83816-1239			
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6. S	ignature(s) of at least o	ne person responsit	ole for	forming the limit	ed liability company:	
Si	ignature	Warm				
Ty	yped Name	JIM MORRIS		ile.p65		
Ca	apacity	MEMBER		ation_1		
Signature				comptormstarts of organization pile, p65		
Typed Name				Revi	IDAHO SECRETARY OF STATE	
Ca 	pacity			огрубот	CK: 8521 CT: 44523 BH: 91936 1 8 100.00 = 100.00 PROF LLC	
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