



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED/EFFECTIVE**

00 FEB 22 AM 10:37

STATE OF IDAHO

- The name of the limited liability company is: Snake River Rehabilitation Services, L.L.C.
- The address of the initial registered office is: 504 Main Street, Suite 460, Lewiston, ID 83501 and the name of the initial registered agent at that address is: Eileen Wright
- The mailing address for future correspondence: 504 Main Street, Suite 460, Lewiston, ID 83501
- Management of the limited liability company will be vested in:  
Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)
- 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 members, list the name(s) and address(es) of at least one initial member.

Name

Address

Eileen Wright

504 Main Street, Suite 460 Lewiston ID

Michael Emery

504 Main Street, Suite 460 Lewiston ID

83501

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

Michael Emery

Secretary of State use only

IDAHO SECRETARY OF STATE

02/22/2000 09:00  
CX: 3212 CT: 127042 DH: 292887

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