



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED/EFFECTIVE
2007 MAY 13 AM 10:44
SECRETARY OF STATE
STATE OF IDAHO

- The name of the limited liability company is: Living Solutions, L.L.C.
- The street address of the initial registered office is: 402 E. Fifth, Post Falls, Idaho 83854
and the name of the initial registered agent at the above address is: Charlayne Streeter
- The mailing address for future correspondence: 402 E. Fifth, Post Falls, Idaho 83854
- 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

Charlayne Streeter

402 E. Fifth, Post Falls, Idaho 83854

Laura Burgan

402 E. Fifth, Post Falls, Idaho 83854

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

Signature Charlayne Streeter

Typed Name Charlayne Streeter

Capacity Manager

Signature _____

Typed Name _____

Capacity _____

Secretary of State use only

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Revised 01/2001

IDAHO SECRETARY OF STATE
05/13/2002 05:00
CK: 4215 CT: 64662 BH: 465418
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