



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2003 NOV -4 AM 8:17

CLERK OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Absolute Family Solutions, LLC

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

2022A 4th Avenue, East, Twin Falls, ID 83301

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

Heather Hoyt

3. The mailing address for future correspondence is:

424 North Main Street, Gooding, ID 83330

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
<u>Heather Hoyt</u>	<u>424 North Main Street, Gooding, ID 83330</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

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

Signature: Heather Hoyt

Typed Name: Heather Hoyt

Capacity: Owner

Signature:

Typed Name:

Capacity:

Secretary of State use only

g:\corpforms\LLC forms\articles of organization.pdf
Revised 07/2002

IDAHO SECRETARY OF STATE
11/04/2003 05:00
CK: 3126 CT: 174095 BH: 709071
1 @ 100.00 = 100.00 ORGAN LLC # 2

W26735