

## ARTICLES OF ORGANIZATION FILED/EFFECTIVE LIMITED LIABILITY COMPANY 100 9 4 00 PM 101

(Instructions on back of application)

1. The name of the limited liability company is: Sentiments, L.L.C.  2. The address of the initial registered office is: Boise, Idaho 83702 agent at that address is: C. A. Daw  3. The mailing address for future correspondence: Boise, Idaho 83709  4. Management of the limited liability company will be vested in: Manager(s) or Member(s) (image). (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 member.  Name Address  Lawrence D. Anderson, M.D. B955 W. Hackamore, Boise, ID 83709  6. Signature O. Anderson, M.D. Signature O. Anderson, M.D. Signature O. Authorized Member Signature O. Authorized Member Typed Name Capacity  11MN0 SEDETRAY OF STATE 11/13/28813 655 886 CALLICAL CREATER O. SECRETARY OF STATE 11/13/28813 655 886 CARRIED ORGAN ILL.  11MN0 SEDETRAY OF STATE 11/13/28813 655 886 CARRIED ORGAN ILL.  11MN0 SEDETRAY OF STATE 11/13/28813 655 886 CARRIED ORGAN ILL.  11MN0 SEDETRAY OF STATE 11/13/28813 655 886 CARRIED ORGAN ILL.  11 188.88 CARRIED ORGAN ILL.  12 188.88 CARRIED ORGAN ILL.  13 188.88 CARRIED ORGAN ILL.  15 188.88 CARRIED ORGAN ILL.  16 188.88 CARRIED ORGAN ILL.  17 188.88 CARRIED ORGAN ILL.  18 188.88 CARRIED ORGAN ILL.		(	1-1-	,	SECO STU	Υ <b>Ε</b>
2. The address of the initial registered office is:	1.	The name of the limited liability company	is:		0,	
agent at that address is: and the name of the initial registered agent at that address is: C. A. Daw  3. The mailing address for future correspondence: 8955 West Hackamore, Boise, Idaho 83709  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 members, list the name(s) and address(es) of at least one initial member		Sentiments, L.L.C.				
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agent at that address is:C. A. Daw  3. The mailing address for future correspondence:8955 West Hackamore,Boise, Idaho 83709  4. Management of the limited liability company will be vested in:				and the name of the initial registered		
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<ul> <li>4. Management of the limited liability company will be vested in:  Manager(s) ☐ or Member(s) ☒ . (please check the appropriate box)</li> <li>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 members, list the name(s) and address(es) of at least one initial member.  Name  Address  Lawrence D. Anderson, M.D.  8955 W. Hackamore, Boise, ID 83709  6. Signature of at least one person responsible for forming the limited liability company:  Signature   Augustuan  Signature   Signature   Management of the limited liability company:  Name  Signature   Management of the limited liability company:  Signature   Signature   Signature   Signature   Management of the limited liability company:  Name  Name  Signature   Signature   Signature   Signature   Management of the limited liability company:  Name  Signature   Signatu</li></ul>	3.	The mailing address for future corresponder	nce :	8955 We	st Hackamore,	
Manager(s) or Member(s) (x) (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 members, list the name(s) and address(es) of at least one initial member.  Name  Address  Lawrence D. Anderson, M.D.  8955 W. Hackamore, Boise, ID 83709  6. Signature of at least one person responsible for forming the limited liability company:  Signature		Boise, Idaho 83709				
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6. Signature of at least one person responsible for forming the limited liability company:  Signature	5.	at least one initial manager. If management address(es) of at least one initial member.		vested in t	he members, list t	
Signature <u>Jans All</u>		Lawrence D. Anderson, M.D.	8955	W. Hackar	nore, Boise, ID	83709
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	6.	Signature of at least one person responsible for forming the limited liability company:				
Typed Name Lawrence D. Anderson, M.D.  Capacity — Authorized Member  Signature — IDAHO SECRETARY OF STATE  Typed Name — Capacity — C		Signature Juny (				
CapacityAuthorized Member			.D.	on.p65	Secretary of State	se only
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