



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

07 SEP -7 AM 8:52
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Solutions for Living Well, LLC

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

2081 W Grange Ave Post Falls, ID 83854

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

Kristine I Mitchell

3. The mailing address for future correspondence is:

2600 E Seltice Way, #123 Post Falls, ID 83854

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>Kristine I Mitchell</u>	<u>2081 W Grange Ave, Post Falls, ID 83854</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

Signature: Kristine I. Mitchell
Typed Name: Kristine I Mitchell
Capacity: Member

Signature _____
Typed Name: _____
Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/07/2007 05:00
CK: 2279 CT: 204368 BH: 1074422
1 @ 100.00 = 100.00 ORGAN LLC # 2

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Revised 07/2002

Web Form

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