



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2005 MAR 21 AM 10:11

CLERK OF THE
STATE OF IDAHO

1. The name of the limited liability company is:

Illusi Nursing L.L.C.

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

1135 Falls Avenue American Falls ID 83211

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

Michael Lynn Crockett

3. The mailing address for future correspondence is:

1135 Falls Avenue American Falls ID 83211

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>Michael Lynn Crockett</u>	<u>1135 Falls Avenue American Falls ID 83211</u>
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6. Signature of at least one person responsible for forming the limited liability company:

Signature: *Michael Lynn Crockett*

Typed Name: Michael Lynn Crockett

Capacity: Manager

Signature:

Typed Name:

Capacity:

Secretary of State use only

g:\corpforms\LLC\forms\articlesoforganization.pdf
Revised 07/2002

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03/21/2005 05:00
CK: 3562 CT: 187121 BH: 799785
1 @ 100.00 = 100.00 ORGAN LLC # 2

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