

## **ARTICLES OF ORGANIZATION** LIMITED LIABILITY COMPANY

<u> </u>	(instructions on back	or application)			
1.	The name of the limited liability comp	eany is:			
	Integrative Therpapy LLC		<del></del>		-
2.	The street address of the initial regist	ered office is:		·	
	615 East Bottle Bay. Sagle Idaho 83	3860		**************************************	_
	and the name of the initial registered	agent at the ab	ove address is:		
	Leslev Goffinet				_
3.	The mailing address for future corresp	oondence is:			
	P.O. Box 1635. Sandpoint Idaho 83	864			_
4.	Management of the limited liability con	mpany will be v	ested in:		
	Manager(s) or Member(s)	(please check th	e appropriate box)		
5.	If management is to be vested in one address(es) of at least one initial man member(s), list the name(s) and address	ager. If manag	ement is to be ves	sted in the	
	Name		Address		
	Name Leslev Goffinet	P.O. Box 163	Address  5. Sandpoint Idah	no 83864	<del>-</del>
		P.O. Box 163		no 83864	<del>-</del>
		P.O. Box 163		no 83864	- -
		P.O. Box 163		no 83864	- - -
		P.O. Box 163		no 83864	- - -
		P.O. Box 163		no 83864	- - -
6.	Leslev Goffinet		5. Sandpoint Idah		- - -
		onsible for form	5. Sandpoint Idah	oility company:	-
	Signature of at least one person responsionature:  Signature:  Sig		5. Sandpoint Idah		-
	Signature of at least one person responsionature:	onsible for form	ing the limited liab	oility company: of State use only SECRETARY OF STATE	-
	Signature of at least one person responsion for the second	onsible for form	ing the limited liak Secretary	Dility company:  of State use only  SECRETARY OF STATE  / 2007 05:00	,
; -	Signature of at least one person responsionature:  Signature:  Sig	onsible for form	ing the limited liab Secretary of CK: 3862 CT	Dility company:  of State use only  SECRETARY OF STATE  /2007 05:00	3