



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECT

2006 NOV -6 AM 10:27

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

HOME OXYGEN PROVIDER EXPRESS, LLC

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

14051 W CHUBBUCK RD, CHUBBUCK, ID 83202

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

MATTHEW B. CLAWSON

3. The mailing address for future correspondence is:

14051 W CHUBBUCK RD, CHUBBUCK, ID 83202

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

MATTHEW B. CLAWSON

14051 W CHUBBUCK RD

CHUBBUCK, ID 83202

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

Signature: *Matthew B. Clawson*

Typed Name: MATTHEW B. CLAWSON

Capacity: MEMBER

Signature: _____

Typed Name: _____

Capacity: _____

Secretary of State use only

IdahoForm LLC Form for articles of organization.pdf
Revised 07/2002

IDAHO SECRETARY OF STATE
11/06/2006 05:00
CK: 14166 CT: 1853 BH: 1010370
1 @ 100.00 = 100.00 ORGAN LLC # 2

Web Form

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