

FILED/EFFECTIVE



ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

 01 MAY -7 AM 10:21
 SECRETARY OF STATE
 STATE OF IDAHO

1. The name of the professional limited liability company is: Pain Management of North Idaho, PLLC
2. The professional limited liability company is organized for the practice of the profession(s) of: Medical Services
3. The address of the initial registered office is 1300 E. Mullan, Ste. 600
(not a PO Box)
Post Falls, ID 83854, and the name of the
initial registered agent at that address is Scott Magnuson
Signature of registered agent: Scott K. Magnuson
4. Is management of the limited liability company vested in a manager or managers?
☒ Yes ☐ No (check appropriate box)
5. If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one member.

<u>Name:</u>	<u>Address:</u>
<u>Scott Magnuson</u>	<u>903 S Riverside Harbor</u>
<u></u>	<u>Post Falls, ID 83854</u>
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>
6. Signature(s) of at least one person listed in #5 above: Scott K. Magnuson

Secretary of State use only

IDAHO SECRETARY OF STATE

 05/07/2001 09:00
 CK: 2670 CT: 103679 BH: 395468

 1 @ 100.00 = 100.00 PROF LLC # 2
 1 @ 20.00 = 20.00 EXPEDITE C # 3

W15236