



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2003 APR -9 AM 9:11

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Artisan Rehab Professionals, LLC

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

2155 U.A. Avenue, Emmett, Idaho 83617

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

Michelle Goldie

3. The mailing address for future correspondence is:

2155 U.A. Avenue, Emmett, Idaho 83617

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) or 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

Michelle Goldie

2155 U.A. Avenue, Emmett, ID 83617

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

Signature: Michelle Goldie

Typed Name: Michelle Goldie

Capacity: manager

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

g:\com\forms\LLC forms\articles of organization p65
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IDAHO SECRETARY OF STATE
04/15/2003 05:00
CK: 3805 CT: 169136 BH: 674711
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FILED EFFECTIVE