



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 OCT 15 AM 8:44

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

THE HEADACHE CLINIC, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

130 W. Horizon Dr., Boise, Idaho 83702

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Sandra A. Thompson

(Name)

130 W. Horizon Dr., Boise, Idaho 83702

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name**

**Address**

The Pain Center, Inc.

130 W. Horizon Dr., Boise, Idaho 83702

5. Mailing address for future correspondence (annual report notices):

130 W. Horizon Dr., Boise, Idaho 83702

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature Sandra Thompson  
Typed Name: The Pain Center, Inc.

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/15/2010 05:00  
CK: 8315 CT: 69126 BH: 1243286  
1 @ 100.00 = 100.00 ORGAN LLC # 3

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