



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

00 FEB -9 AM 9:15
STATE OF IDAHO
J.L.C.

- The name of the limited liability company is: Northwest Disability Management, L.C.
- The address of the initial registered office is: 1365 N. Orchard, Suite 252, Boise,
ID 83706
_____ and the name of the initial registered
agent at that address is: Saundra McKnight
- The mailing address for future correspondence: 1365 N. Orchard, Suite 252, Boise,
ID 83706
- Management of the limited liability company will be vested in:
Manager(s) ☐ or Member(s) ☒ . (please check the appropriate box)
- 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 members, list the name(s) and
address(es) of at least one initial member.

Name

Address

| | |
|-------------------------|---|
| <u>Saundra McKnight</u> | <u>16764 Rose Park Dr., Nampa, ID 83687</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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

Saundra McKnight

g:\corpforms\LLC1.pdf Revised 8/99

IDAHO SECRETARY OF STATE
Secretary of State use only

02/09/2000 09:00
CK: 1315 CT: 113871 BN: 288639

1 @ 100.00 = 100.00 ORGAN LLC # 2

W11054