



**ARTICLES OF ORGANIZATION
PROFESSIONAL LIMITED
LIABILITY COMPANY**

FILED EFFECTIVE

2001 JAN 14 AM 8:55

(Instructions on back of application)

STATE OF IDAHO

1. The name of the professional limited liability company is: Home Touch A Center For Wellness, PLLC
2. The professional LLC is organized for the practice in the profession of: Medicine
3. The address of the initial registered office is: 903 Edwards Street, #5, Salmon ID 83467
and the name of the initial registered agent is: Douglas J. Nicholson
4. Management of the professional limited liability company will be vested in:
☒ Manager(s) ☐ Member(s)
5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member.

Name


Address

Douglas J. Nicholson

903 Edwards Street # 5, Salmon ID 83467

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

Signature

Signature 
Typed Name Douglas J. Nicholson, D.O.

Typed Name Douglas J. Nicholson, D.O.

Capacity	Manager
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Signature

Typed Name

Capacity

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Revised 09/2002

Web Forms

IDAHO SECRETARY OF STATE
 01/14/2004 05:00
 CK: 4426 CT: 175704 BH: 721665
 1 @ 100.00 = 100.00 PROF LLC # 2
 1 @ 20.00 = 20.00 EXPEDITE C # 3

W 27939