

251



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

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SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

NORTH IDAHO PAIN CENTER, LLC

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

1300 E. Mullan, Ste. 600, Post Falls, ID 83854

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

Scott K. Magnuson, M.D.

3. The mailing address for future correspondence is:

1300 E. Mullan, Ste., 600 Post Falls, ID 83854

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) of 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

Scott K. Magnuson, M.D.1300 E. Mullan, Ste. 600Post Falls, ID 83854

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

Signature: Scott K. Magnuson M.D.Typed Name: Scott K. Magnuson, M.D.Capacity: Member

Signature: \_\_\_\_\_

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

Capacity: \_\_\_\_\_

Secretary of State use only

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09/02/2005 05:00  
CK: none CT: 22597 BH: 909600  
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Web Form

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