



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2005 SEP 14 PM 12:23

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

LAKE CITY NEUROMUSCULAR MASSAGE THERAPY, LLC

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

1401 Shoreline Drive, Suite 2, Boise, Idaho 83702

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

Corporation Service Company

3. The mailing address for future correspondence is:

2904 N 4th St., Coeur d Alene, ID 83815

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
<u>TERRY L SMITH</u>	<u>2904 N 4TH ST COEUR D ALENE ID. 83815</u>
<u>SARA E WATSON</u>	<u>2904 N 4TH ST COEUR D ALENE ID. 83815</u>
_____	_____
_____	_____
_____	_____

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

Signature: *Biz A Minnaugh*
 Typed Name: Biz A Minnaugh
 Capacity: Organizer

Signature: _____
 Typed Name: _____
 Capacity: _____

Secretary of State use only

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Revised 07/2002

IDAHO SECRETARY OF STATE
 09/14/2005 05:00
 CK: 2859953 CT: 164864 BH: 911626
 1 @ 100.00 = 100.00 ORGAN LLC # 2
 1 @ 20.00 = 20.00 EXPEDITE C # 3

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