

ARTICLES OF ORGANIZATIO. LIMITED LIABILITY COMPANY OF AM 9: 43

(Instructions on back of application)

SECRETARY OF STATE
STATE OF 10 AHO

(mondodons on p	ack of application)	STATE OF STATE
1. The name of the limited liability	company is:	THE HOLD
Work Comp Solutions, LLC	· · · · · · · · · · · · · · · · · · ·	
2. The street address of the initial r		
and the name of the initial registr		ove address is:
3. The mailing address for future co		
4. The limited liability company will	be:	
	nber-managed 🔽	(please check the appropriate box)
 If Manager-managed lighthe nor 	meta) and addless(6	is) of at least one initial manager
If manager-managed, list the name Name	ne(s) and address(e	s) of at least one initial member. Address
in member-managed, list the nam	ne(s) and address(e	s) of at least one initial member. Address
Name	ne(s) and address(e	s) of at least one initial member.
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<u>Name</u>	ne(s) and address(e	s) of at least one initial member. Address
Name	ne(s) and address(e	s) of at least one initial member. Address
Name Douglas Nielsen S. Signature of at least one person	160 Birch Ave.	s) of at least one initial member. Address , Rexburg, ID 83440
Name Douglas Nielsen	160 Birch Ave.	Address Rexburg, ID 83440 ing the limited liability company:
Name Douglas Nielsen Signature of at least one person Signature	160 Birch Ave.	ing the limited liability company: Secretary of State use only
Douglas Nielsen Signature of at least one person Signature Douglas Nielsen Typed Name: Douglas Nielsen Capacity: Managing Member	160 Birch Ave.	ing the limited liability company: Secretary of State use only IDAHO SECRETARY OF STATE 62/64/2068 65:
Name Douglas Nielsen Signature of at least one person Signature: Douglas Nielsen Douglas Nielsen	responsible for form	ing the limited liability company: Secretary of State use only IDAHO SECRETARY OF STATE