



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

SOUTHERN IDAHO PSYCHOLOGY CLINIC, LLC

- The street address of the initial registered office is:

1168 ASPEN GLENN DRIVE, BELLEVUE, ID 83313

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

DAVID L. STANDLEY

3. The mailing address for future correspondence is:

PO BOX 195, BELLEVUE, ID 83313

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
<u>DAVID L. STANDLEY</u>	<u>PO BOX 195, BELLEVUE, ID 83313</u>
<u>LOIS B. STANDLEY</u>	<u>PO BOX 195, BELLEVUE, ID 83313</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

Signature: David L. Standley

Typed Name: DAVID L. STANDLEY

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

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

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

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

Secretary of State use only

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