



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2007 MAY 14 AM 10:07

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

CPAP Cushies, LLC

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

4806 Candlewood Lane, Post Falls, Idaho 83854

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

Lorraine Craven

3. The mailing address for future correspondence is:

4806 Candlewood Lane, Post Falls, Idaho 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
<u>Patti Jo Wamsher, President</u>	<u>3505 Foxwood Dr. Port Orchard, WA 98366</u>
<u> </u>	<u> </u>
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6. Signature of at least one person responsible for forming the limited liability company:

Signature: Lorraine Craven

Typed Name: Lorraine Craven

Capacity: V. President of Operations

Signature: _____

Typed Name: _____

Capacity: _____

Secretary of State use only

W62644

IdahoLLCformationorganization.pdf
Revised 07/2002

Web Form

IDAHO SECRETARY OF STATE
05/14/2007 05:00
CK: 3898 CT: 213345 BH: 1853278
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