

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

PANY 02 FEB -4 411 9: 54

(Instructions on back of application)

STATE OF IDAHO

1.	The name of the limited liability company is: <u>North End Wellness LLC</u>		
2.	The street address of the initial registered office is: 1502 N. Franklin Street		
	Boise, Id 83702 agent at the above address is: <u>Darlene Ph</u>	illips	nd the name of the initial registered
3.	The mailing address for future correspondence: Same		
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 members, list the name(s) and address(es) of at least one initial member. Name Address		
	Kathleen Rose 2	2349 Bro	adview Place Boise, Id83702
•			
Signature of at least one person responsible for forming the limited liability company: Signature			
	Typed Name_Kathleen Rose	1.p65	Secretary of State use only
	Capacity <u>Member</u>	mms/LLC forms/artso/organization.p68	
	Signature	hartsofor 01/200	
•	Typed Name	forms!	IDAHO SECRETARY OF STATE 02/04/2002 05:00
•	Capacity	Dims/LLC	CK: 14580 CT: 70841 BH: 444878 1 8 100.00 = 100.00 ORGAN LLC # 2

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