



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2011 JUL 11 AM 10: 20

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Assisted Transitions LLC

2. The complete street and mailing addresses of the initial designated/principal office:

4205 W Emerald, Boise Idaho 83706

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Mike Flowers

(Name)

4205 W Emerald

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Mike Flowers

4205 W Emerald, Boise, Idaho 83706

TD & C Holdings inc.

754 W Sandstone Ct., Boise, Idaho 83702

Glen Amador

4205 W Emerald, Boise, Idaho 83706

5. Mailing address for future correspondence (annual report notices):

4205 W Emerald, Boise Idaho 83706

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Mike Flowers

Typed Name: Mike Flowers

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/11/2011 05:00
CK: 727046 CT: 172099 BH: 1201749
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