

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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(Instructions on back of application)

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. The name of the limited liability	company is:
San Francisco Bay C	ompassionate Community Care Services, LLC
The complete street and mailing 275 South 5th Avenue, Lower Level, I	addresses of the initial designated/principal office: Pocatello, ID 83201
(Street Address)	
(Mailing Address, if different than street address	is)
The name and complete street a	ddress of the registered agent:
James Everton	275 South 5th Ave, Lower Level, Pocatello, ID 83201
(Name)	(Street Address)
. The name and address of at leas company:	st one member or manager of the limited liability
<u>Name</u>	<u>Address</u>
JLR Generations Health Mgt, Inc.	275 South 5th Ave, Lower Level, Pocatello, ID 83201
-	
. Mailing address for future corresp	pondence (annual report notices):
	t, Inc. 275 South 5th Ave, Lower Level, Pocatello, ID 83201
	,
Future effective date of filing (opt	tional):
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erson.	Secretary of State use only
and the state of t	Secretary or State use only
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