

FILED EFFECT

251



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2006 APR 24 PM 2:41

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ALLIANCE HOME HEALTH OF IDAHO, LLC.

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

320 S. 100 W.; MALAD, ID 83252

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

CAMIE TRIPP

3. The mailing address for future correspondence is:

150 W. 280 N.; PROVIDENCE, UT 84332

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

ALLIANCE MANAGEMENT, INC. 150 W. 280 N.; PROVIDENCE, UT 84332

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

Signature: [Signature]Typed Name: Justin Larsen, President ofCapacity: Manager, Alliance Management, Inc

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

g:\comp\lml\lg\form\lml\organization.pdf
Revised 01/2002

Web Form

IDAHO SECRETARY OF STATE *KW*
 04/25/2006 05:00
 CK: 786844 CT: 172099 BH: 951101
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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