

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 OCT -6 AM 8:34

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Living Hope Elder Companion, LLC

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

5433 N. Farrow St., Boise, ID 83713

(Street Address)

(Mailing Address, if different than street address)

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

Pamela J. Petersen

(Name)

5433 N. Farrow St., Boise, ID 83713

(Street Address)

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

Name**Address**

Pamela J. Petersen

5433 N. Farrow St., Boise, ID 83713

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

5433 N. Farrow St., Boise, ID 83713

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Pamela J. Petersen

Signature

Typed Name:

Secretary of State use only

 IDAHO SECRETARY OF STATE
 10/06/2010 05:00
 CK: 5993 CT: 251016 BH: 1242004
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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