

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2013 MAR 18 AM 9: 54

	(Instructions on bac	k of application)	STATE OF THE
1.	The name of the limited liability co	mpany is:	SECOND STATE STATE OF THE HO
	Li	ife After Chemo, LLC	The state of the s
2.	The complete street and mailing addresses of the initial designated office: 1197 East Skyline Drive, Coeur d'Alene, Idaho 83814		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street add	ress of the registered	agent:
	Kim R. Pearson	452 East Sunnyside Ro	pad, Sandpoint, Idaho 83864
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name	4407 Fact Ola Para Date	Address
	Sarah Kalomiros, DC	1197 East Skyline Drive	<u>e</u>
5.	Mailing address for future correspo	indence (annual renor	notices):
J.	Mailing address for future correspondence (annual report notices): 452 East Sunnyside Road, Sandpoint, Idaho 83864		
	432 East Sunnyside Hoad, Sandpoint, id	10 03004	
6.	Future effective date of filing (optio	nal):	
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Sia	nature of a manager, member o	r authorized	
_	son.		
•		Ø (Secretary of State use only
_	nature I Claim.	×0	
Тур	ed Name: Sarah Kalomiros, DC		

Signature_____

Typed Name:

IDAHO SECRETARY OF STATE

03/18/2013 05:00

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