

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 JUL 26 AM 9:44

(Instructions on back of application)

STATE OF IDAHO

1. The name of the limited liabili	ty company is:
Paramou	nt Parks Health Care at Fairfield L. L. C.
2. The complete street and mailing 10564 W. Business Park Lane, Bo	ng addresses of the initial designated/principal office: ise, ID 83709
(Street Address)	
(Mailing Address, if different than street ad	dress)
3. The name and complete stree	t address of the registered agent:
Douglas Jayo	10564 W. Business Park Lane, Boise, ID 83709
(Name)	(Street Address)
The name and address of at leading company:	east one member or manager of the limited liability
<u>Name</u>	Address
Douglas Jayo	10564 W. Business Park Lane, Boise, ID 83709
5 Mailing address for future cor	respondence (annual report notices):
10564 W. Business Park Lane, Bo	
6. Future effective date of filing	(optional):
Signature of a manager, members	per or authorized
person.	Secretary of State use only
Signature // Signature	
Typed Name: Michael R. Jones, Org	anizer
<u> </u>	
Signature	IDAHO SECRETARY OF STATE
Typed Name:	Ø7/26/2011 Ø5:00 CK: 3349 CT: 124359 BH: 1283978

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