

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 AUG 12 AM 9:03

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

The Hospice Store and Supply L.L.C.

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

134 N. 3966 E. Rigby, ID 83442

(Street Address)

(Mailing Address, if different than street address)

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

Shawn Bosh

(Name)

134 N. 3966 E. Rigby, ID 83442

(Street Address)

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

Name	Address
Shawn Bosh	134 N. 3966 E. Rigby, ID 83442
Rachelle Bosh	134 N. 3966 E. Rigby, ID 83442

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

134 N. 3966 E. Rigby, ID 83442

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature SLBK

Typed Name: Shawn Bosh

Signature Rachelle Bosh

Typed Name: Rachelle Bosh

Secretary of State use only

IDAHO SECRETARY OF STATE
08/12/2011 05:00
CK: 1817 CT: 261497 BH: 1286284
1 @ 100.00 = 100.00 ORGAN LLC # 2

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