







## STATE OF IDAHO Office of the secretary of state, Phil McGrane CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 -FILED-

File #: 0006172981

Date Filed: 3/25/2025 2:08:14 PM

Certificate of Organization Limited Lial Select one: Standard, Exped descriptions below)	oility Company dited or Same Day Service (see	Standard (filing fee \$100)	
Limited Liability Company Name     True and Limited Liability Company		Limited Linkilla, Commun.	
Type of Limited Liability Company  Entity name		Limited Liability Company Alpine Hospice & Palliative Care LLC	
•		Alphile Hospice & Palliative Care LLC	
The complete street address of the principal office is:     Principal Office Address		JR BURT 4265 W HOMEWARD BOUND BLVD COEUR D ALENE, ID 83815	
3. The mailing address of the principal	office is:		
Mailing Address		4265 W HOMEWARD BOUND BLVD COEUR D ALENE, ID 83815-7867	
4. Registered Agent Name and Address	ss		
Registered Agent		CINDY M STICE Registered Agent	
		Physical Address	
		16924 BUTTERFLY RIDGE RD CALDWELL, ID 83607	
		Mailing Address	
		16924 BUTTERFLY RIDGE RD CALDWELL, ID 83607	
☑ I affirm that the registere	d agent appointed has consented	I to serve as registered agent for this entity.	
5. Governors			
Name		Address	
James R Burt		4265 W HOMEWARD BOUND BLVD COEUR D ALENE, ID 83815	
Signature of Organizer:			
Cindy M Stice		03/25/2025	
Sign Here		Date	