



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
00 APR 27 AM 9:16
SECRETARY OF STATE
STATE OF IDAHO

- The name of the limited liability company is: Seasons Residential Care, L.L.C.
- The address of the initial registered office is: 730A, Warner Avenue, Lewiston, Idaho 83501
_____ and the name of the initial registered agent at that address is: Tina Weathermon,
- The mailing address for future correspondence: 730A Warner Avenue, Lewiston, Idaho 83501
- Management of the limited liability company will be vested in:
Manager(s) ☒ or Member(s) ☐ . (please check the appropriate box)
- If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the members, list the name(s) and address(es) of at least one initial member.

Name

Address

Tina Weathermon,

2010 Powers Drive, Lewiston, Idaho 83501

- Signature of at least one person responsible for forming the limited liability company:

Tina Weathermon

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IDAHO SECRETARY OF STATE

04/27/2000 09:00
CX: 20497 CT: 20457 DN: 312068

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