



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
MAY -1 AM 8:30

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Apex Home Health LLC

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

2110 Niagra Dr Idaho Falls ID 83404

(Street Address)

PO Box 12269 Portland OR 97212

(Mailing Address, if different than street address)

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

Nadia Bakr

(Name)

5206 Treydon Dr Idaho Falls ID 83406

(Street Address)

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

Name

Address

James Adamson

700 Washington St Unit 1021 Vancouver WA 98660

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

PO Box 12269 Portland OR 97212

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature _____

Typed Name: James Adamson

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/01/2015 05:00

CK:1323 CT:277545 BH:1473526

1@ 100.00 = 100.00 ORGAN LLC #2

W151125