

251



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2017 FEB 23 AM 10:08

SECRETARY OF STATE  
STATE OF IDAHO

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

1. The name of the limited liability company is:

**Crystal Creek Assisted Living LLC**

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or L.C.)

2. The complete street and mailing addresses of the principal office is:

**1035 Curlew Dr Ammon, Idaho 83406**

(Street Address)

(Mailing Address, if different)

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

**Carissa Gasser**

(Name)

**1035 Curlew Dr Ammon, Idaho 83406**

(Address) (Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:

**Donna Rhoades**

(Name)

**1780 Bone Rd, Iona, Idaho 83427**

(Address)

**Carissa Gasser**

(Name)

**1020 West 33rd North Idaho Falls, Idaho 83401**

(Address)

(Name)

(Address)

(Name)

(Address)

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

**1035 Curlew Dr Ammon, Idaho 83406**

(Address)

Signature of organizer(s).

Signature: Donna Rhoades

Printed Name: Donna Rhoades

Signature: Carissa Gasser

Printed Name: Carissa Gasser

Secretary of State use only

IDAHO SECRETARY OF STATE

02/23/2017 05:00

CK: 12953926 CT: 172099 BH: 1570280  
 1@ 100.00 = 100.00 ORGAN LLC #2  
 1@ 20.00 = 20.00 EXPEDITE C #3

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