





## 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 For Office Use Only

-FILED-

File #: 0005836753

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| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Descriptions below) | y Service (see Standard (filing fee \$100)                    |  |
|---|---|--|
| 1. Limited Liability Company Name   |   |  |
| Type of Limited Liability Company   | Limited Liability Company                                     |  |
| Entity name   | Heartfelt Haven Assisted Living LLC                           |  |
| 2. The complete street address of the principal office is:  |   |  |
| Principal Office Address  | 1079 S ANCONA AVE   |  |
|   | STE 240   |  |
|   | EAGLE, ID 83616   |  |
| 3. The mailing address of the principal office is:  |   |  |
| Mailing Address   | 1079 S ANCONA AVE   |  |
|   | STE 240<br>EAGLE, ID 83616-7444                               |  |
|   | E/(822, 18 88818 1 1 1 1                                      |  |
| 4. Registered Agent Name and Address  |   |  |
| Registered Agent  | Jorden Lee<br>Registered Agent                                |  |
|   | Physical Address  |  |
|   | 2236 N BLUE MARSH WAY   |  |
|   | STAR, ID 83669  |  |
|   | Mailing Address   |  |
|   | 2236 N BLUE MARSH WAY   |  |
|   | STAR, ID 83669  |  |
| I affirm that the registered agent appoin   | d has consented to serve as registered agent for this entity. |  |
| 5. Governors  |   |  |
| Name  | Address   |  |
| Jorden Lee  | 9 S ANCONA AVE  |  |
|   | E 240   |  |
|   | GLE, ID 83616   |  |
| Signature of Organizer:   |   |  |
| Jorden Tesh Lee   | 08/02/2024  |  |
| Sign Here   | Date  |  |