



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2003 MAR 17 AM 10:18

SECRETARY OF STATE
STATE OF IDAHO

ORIGINAL

1. The name of the limited liability company is:

Care Compassion Communication, LLC.

2. The street address of the initial registered office is:

333 B, Maine Street East, Twin Falls, Idaho 83301

and the name of the initial registered agent at the above address is:

Reena Josoff

3. The mailing address for future correspondence is:

1134 Sparks, Twin Falls, Idaho 83301

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) or at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name

Address

Reena Josoff

1134 Sparks, Twin Falls, ID 83301

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

Signature: [Signature]

Typed Name: Reena Josoff

Capacity: Member

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/17/2003 05:00
CK: 2318 CT: 153669 BH: 668993
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