

## **ARTICLES OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

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| -  | (instructions on back  | SECRETARY OF STATE   |  |
|----|--|--|--|
| 1. | The name of the limited liability cor  | mpany is: STATE OF IDAHO   |  |
|    | Good Samaritan Ministries - Caldy  | vell LLC   |  |
| 2. | The street address of the initial regi   |  |  |
|    | and the name of the initial registere Sharon Canon                                     | d agent at the above address is:   |  |
| 3. | The mailing address for future correspondence is:  15928 Lunar Way, Caldwell, ID 83607 |  |  |
| 4. | The limited liability company will be  | •<br>•   |  |
|    | Manager-managed  or Membe  | er-managed (please check the appropriate box)  |  |
| 5. | •  | (s) and address(es) of at least one initial manager. s) and address(es) of at least one initial member.  |  |
|    | Name   | Address  |  |
|    | Sharon Canon   | 15928 Lunar Way, Caldwell, ID 83607  |  |
|    | Dixie Earle  | PO Box 324, Greenleaf, ID 83626  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
| 6. | Signature of at least one person res   | sponsible for forming the limited liability company:   |  |
|    |  |  |  |
|    | Signature: <u>Skaren (Ame</u><br>Typed Name: Sharon Canon                              | Secretary of State use only  |  |
|    | Capacity: Counselor  |  |  |
|    |  | IDAHO SECRETARY OF STATE   |  |
|    | a  | () In the second of the second |  |
|    | Signature Co.  | CK: 1154 CT: 226482 BH: 1117384  |  |
|    | Typed Name: Dixie Earle Capacity: Director   | CK: 1154 CT: 226482 BH: 1117384  |  |