

251



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

APR 12 PM 1:22

STATE OF IDAHO

1. The name of the limited liability company is:

Senior Life Styles LLC.

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

4356 N. Nines Ridge

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

Linda S Hines

3. The mailing address for future correspondence is:

4356 N. Nines Ridge Ln. Boise Id 83702

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

Linda S. Hines

4356 N. Nines Ridge Ln.

Boise Id 83702

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

Signature: Linda S Hines

Typed Name: Linda Hines

Capacity: Member

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

9 corp/limited L.C. formation application form
Revised 9/2002

IDAHO SECRETARY OF STATE
03/12/2003 05:00
CK: 9462 CT: 80046 BH: 668003
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 CORP SUR # 3
1 @ 20.00 = 20.00 EXPEDITE C # 4

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