

FILED/EFFECTIVE

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

SEP 20 12 50 PM '01
(Instructions on back of application)



SECRET
STATE

1. The name of the limited liability company is: Assisted Care Properties
of Idaho, L.L.C.
2. The address of the initial registered office is: 2401 E. Harbour Grove,
Nampa, Idaho 83686 (not a PO Box)
- and the name of the initial registered agent at that address is: David A. Bills
- Signature of registered agent : _____

3. Is management of the limited liability company vested in a manager or managers?
☒ Yes ☐ No (check appropriate box)

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

Name:

Address:

David A. Bills

3400 S. Montego Way, Nampa, ID 83686

5. Signature of at least one person listed in # above:

David A. Bills

Secretary of State use only

IDAHO SECRETARY OF STATE
09/20/2001 05:00
CK: 1204 CT: 151523 DN: 420169
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

g:\corpforms\LLC1.pmf Revised 6/97

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