



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

08 AUG 22 AM 8:26

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Transitions ~~III~~ a caring connection, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

2971 N. Mumbarto Ave, Boise, ID

(Street Address)

83713

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Donna Clegg, LMSW 2971 N. Mumbarto Ave.

(Name)

(Street Address)

Boise, ID

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Donna Clegg

2971 N. Mumbarto Ave
Boise, ID 83713

5. Mailing address for future correspondence (annual report notices):

2971 N. Mumbarto Ave, Boise, ID

83713

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Donna Clegg, LMSW

Typed Name: Donna Clegg, LMSW

Signature _____

Typed Name: _____

Secretary of State use only

9:00pm formal LLC formation Org. fee: \$100
Revised 07/2008

IDAHO SECRETARY OF STATE
08/22/2008 05:00
CK: 1358 CT: 229081 BH: 1132776
1 @ 100.00 = 100.00 ORGAN LLC # 2

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