



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 OCT 11 AM 9:16
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Signature Homecare LLC

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

2052 Jennie Lee Drive, Idaho Falls, ID 83404

(Street Address)

(Mailing Address, if different than street address)

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

Jennifer Davis

(Name)

2052 Jennie Lee Drive, Idaho Falls, ID 83404

(Street Address)

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

Name

Address

Richard K Nebeker

3544 E 17th Street, Suite 201, Idaho Falls, ID 83406

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

2052 Jennie Lee Drive, Idaho Falls, ID 83404

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Richard K. Nebeker

Typed Name: Richard K Nebeker

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/11/2012 05:00
CK: 6015 CT: 231143 BH: 1343301
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