



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2015 DEC 17 AM 8:45
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

AHC of Lewiston, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or L.C.)

2. The complete street and mailing addresses of the principal office is:

215 N Whitley Drive, Suite 3, Fruitland, ID 83619

(Street Address)

(Mailing Address, if different)

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

Cindy M Stice

215 N Whitley Drive Suite 3 Fruitland ID 83619

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Advanced Health Care Corporation 215 N Whitley Drive, Suite 3, Fruitland, ID 83619

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)


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

215 N Whitley Drive, Suite 3, Fruitland, ID 83619

(Address)

Signature of organizer(s).

Printed Name: Joseph B. Walker Jr.

Signature: 

Printed Name: _____

Signature: _____

Secretary of State use only

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12/17/2015 05:00

CK:6653 CT:317168 BH:1504680

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