

**FILED EFFECTIVE**

251



# 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.

2016 OCT 13 PM 3:50

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

SWAN FALLS ASSISTED LIVING LLC

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

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

4881 CLOVER DELL RD CHUBBUCK ID 83202

(Street Address)

(Mailing Address, if different)

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

VIRGIL LARSON

4881 CLOVER DELL RD CHUBBUCK ID 83202

(Name)

(Address cannot be a post office box or postal mail box.)

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

TROY BELL

4881 CLOVER DELL RD CHUBBUCK ID 83202

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

4881 CLOVER DELL RD CHUBBUCK ID 83202

(Address)

Signature of organizer(s).

Signature: \_\_\_\_\_

Printed Name: TROY BELL

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Rev. 11/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

10/13/2016 05:00

CK:4280474 CT:172099 BH:1550720

1@ 100.00 = 100.00 ORGAN LLC #6

1@ 20.00 = 20.00 EXPEDITE C #7

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