

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

08 JUL 25 AM 9: 03

(Instructions on back of application)

SECRETARY OF STATE

1. The name of the limited liability company is:	STATE OF IDAHO
Care from the Hear	+ LLC,
2. The complete street and mailing addresses of the initial designated/principal office:	
45 So Boise St Wampa (Street Address)	
(Mailing Address, if different than street address)	
The name and complete street address of the registered agent:	
Joyce Adamson 45 s	So Boise St Nampa 21 83651
4. The name and address of at least one member or manager of the limited liability company:	
<u>Name</u>	Address
Joyce Adamson 45 s	Bose St Nampa 201 83651
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· ·	
5. Mailing address for future correspondence (annual report notices):	
45 So Boise Bot St Nar	who 39 82021
6. Future effective date of filing (optional):	
o. I dure effective date of filling (optional).	
0:	
Signature of organizer(s). (An organizer is a member, or i acting in behalf of a member or members).	<b>S</b>
acting in belief of a strender of members).	Secretary of State use only
Signature Souco Adamson	
Typed Name: Joyce Adamson	art or
	8008
Signature	SE INOHO CEPDETADO OF A
Typed Name:	IDAHO SECRETARY OF STATE  07/25/2008 05=00  CK: 1239 CT: 228198 BH: 1128659
	1 0 100.00 = 100.00 BH: 1120659

1 0 20.00 = 20.00 EXPEDITE C # 3

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