



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 APR 14 PM 4:19

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Age Well at Home LLC.

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

2947 East Gloucester Street Boise, Idaho 83706

(Street Address)

(Mailing Address, if different than street address)

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

Deborah Evans

(Name)

2947 East Gloucester Street Boise, Idaho 83706

(Street Address)

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

NameAddress

Deborah Evans

2947 East Gloucester Street Boise, Idaho 83706

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

967 East Parkcenter Blvd Ste 341 Boise, Idaho 83706

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Deborah Evans

Signature _____

Typed Name: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
 04/14/2014 05:00
 CK: 1813512 CT: 172099 BH: 1420191
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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