



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

**-FILED-**

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1. The name of the limited liability company is:

Ultimate Home HealthCare 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:

→ P.O. Box 6175 Boise, ID 83707  
(Street Address)

→ 1811 N. Maple Grove Rd. 83704  
(Mailing Address, if different)

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

Halima Mohamud 1811 N. Maple Grove Rd, Boise ID 83704  
(Name) (Address)

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

Halima Mohamud P.O. Box 6175 Boise, ID 83707  
(Name) (Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

P.O. Box 6175 Boise, ID 83707  
(Mailing Address)

Signature of organizer(s).

Printed Name: Halima Mohamud

Signature: Halima

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

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

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