



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 MAY -8 AM 8:41

1. The name of the limited liability company is:

Personal Home Care LLC

SECRETARY OF STATE
STATE OF IDAHO

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

402 Elm Street Mackay Idaho 83251

(Street Address)

PO box 52 Mackay Idaho 83251

(Mailing Address, if different than street address)

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

Lori L Palmer

(Name)

402 Elm Mackay Idaho 83251

(Street Address)

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

Name

Address

Lori L Palmer

PO box 461 Mackay Idaho 83251

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

PO box 52 Mackay Idaho 83251

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Lori L Palmer

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
05/08/2013 05:00
CK: 8956 CT: 282924 BH: 1373000
1 @ 100.00 = 100.00 ORGAN LLC # 2

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