



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

12 MAR 23 AM 10:55

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Caregivers Assisting Retired Elders, LLC.

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

3622 E Florence Dr
(Street Address)

Meridian ID 83642
(Mailing Address, if different than street address)

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

Tammy Walmer
(Name)

3622 E Florence Dr Meridian ID
(Street Address) 83642

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

Name	Address
<u>Tammy Walmer</u>	<u>3622 E Florence Dr Meridian ID</u> <u>83642</u>
_____	_____
_____	_____
_____	_____

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

3622 E Florence Dr Meridian ID 83642

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

Signature of a manager, member or authorized person.

Signature Tammy Walmer
Typed Name: Tammy Walmer

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/23/2012 05:00
CK: CASH CT: 258333 BH: 1316548
1 @ 100.00 = 100.00 ORGAN LLC # 2

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