



0005203878



STATE OF IDAHO
Office of the secretary of state, Phil McGrane
**CERTIFICATE OF ORGANIZATION LIMITED
LIABILITY COMPANY**

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$100.00

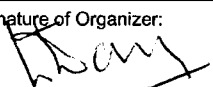
For Office Use Only

-FILED-

File #: 0005203878

Date Filed: 4/17/2023 4:03:10 PM

B0787-3850 04/17/2023 4:17 PM Received by Office of the Idaho Secretary of State

Certificate of Organization Limited Liability Company					
Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$100)				
1. Limited Liability Company Name					
Type of Limited Liability Company	Limited Liability Company				
Entity name	S Home Health care LLC				
2. The complete street address of the principal office is:					
Principal Office Address	617 SOUTH 13TH ST. 413 BOISE, ID 83702				
3. The mailing address of the principal office is:					
Mailing Address	617 S 13TH ST APT 413 BOISE, ID 83702-6838				
4. Registered Agent Name and Address					
Registered Agent	Registered Agent Daniel Miko-Mikyene Physical Address: 617 SOUTH 13TH ST. 413 BOISE, ID 83702 Mailing Address: 617 S 13TH ST APT 413 BOISE, ID 83702-6838				
<input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.					
5. Governors					
<table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>Samuela Danielle Miko</td><td>617 SOUTH 13TH ST. 413 BOISE, ID 83702</td></tr></tbody></table>		Name	Address	Samuela Danielle Miko	617 SOUTH 13TH ST. 413 BOISE, ID 83702
Name	Address				
Samuela Danielle Miko	617 SOUTH 13TH ST. 413 BOISE, ID 83702				
Signature of Organizer:					
					
Sign Here	Date				
04/17/2023					
Print & Mail Enclosures					
<input checked="" type="checkbox"/> I understand the document can ONLY be filed if the following items are included:					





Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of State, signed and recently dated.

This filing form (submit within 30 days) **with the required signature(s)**.

If you are submitting a correction, return the correction letter with your updated document.

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