

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FIL. ~ EFFECTIVE 07 APR 26 PM 3: 06

SECRETARY OF STATE

1.	The name of the limited liability comp	any is:		STATE OF IDAHO
	Boise Hospice, LLC			
2.	The street address of the initial registered office is:			
	225 N. 9th Street, Suite 210, Boise, Idaho 83702			
	and the name of the initial registered	agent at the abo	ve address is:	
	Allan R. Bosch			
3.	The mailing address for future corresp	e mailing address for future correspondence is:		
	225 N. 9th Street, Suite 210, Boise, Idaho 83702			
4.	Management of the limited liability company will be vested in:			
	Manager(s) ☐ or Member(s) ✓	(please check the	appropriate box)	
5.	If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.			
	Name Address			
	Clark E. Limb	22965 Conrad Court, Middleton, Idaho 83644		
				:
			W. 20.	
	Signature of at least one parsoppresponsible for farming the limited liability company:			
	Signature: ( ) ( ) ( )	Sent 8	Secreta	ary of State use only
	Typed Name: Clark E. Limb	nization		
	Capacity: Member	risoforga		
	Signature	orp/forms/LLC forms/artsorforganization p85	27/2002	IDAHO SECRETARY OF STATE
	Typed Name:		Revised 07/2002	14/26/2007 BH: 10499 1: 13673 CT: 14917 BH: 10499 1: 100 BO : 100 BO ORGAN LLC
	Capacity:	- Loop Africa	- 1	\$ 100°00 - ******* #*****

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