



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 MAR 17 AM 9:58

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

A.C.T (Alzheimer's Care Training) LLC

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

605 North Almon #39 Moscow ID 83843

(Street Address)

(Mailing Address, if different than street address)

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

Aleta Stephens

(Name)

605 North Almon #39 Moscow ID

(Street Address)

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

Name

Address

Aleta Stephens

605 North Almon #39 Moscow ID 83843

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

605 North Almon #39 Moscow ID 83843

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

Signature of a manager, member or authorized person.

Signature Aleta Stephens

Typed Name: Aleta Stephens

Signature _____

Typed Name: _____

Secretary of State use only

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