



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

10 APR 28 AM 8:15

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Seasons of Hope, LLC

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

4650 Hawthorne, Suite 3b, Chubbuck, ID 83202

(Street Address)

(Mailing Address, if different than street address)

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

Heath J. Sommer

(Name)

4650 Hawthorne, Suite 3b, Chubbuck, ID 83202

(Street Address)

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

Name

Address

Heath J. Sommer

4650 Hawthorne, Suite 3b, Chubbuck, ID 83202

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

4650 Hawthorne, Suite 3b, Chubbuck, ID 83202

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

Heath J. Sommer

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
04/28/2010 05:00
CK: NO CK # CT: 247442 BH: 1219698
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