



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 JUN -7 AM 9:11  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Quality Care Solutions Adult Day Center, LLC

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

2214 Carol Drive, Lewiston, ID 83501

(Street Address)

(Mailing Address, if different than street address)

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

Dyana G. Blood

(Name)

2214 Carol Drive, Lewiston, ID 83501

(Street Address)

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

Name

Address

Dyana G. Blood

2214 Carol Drive, Lewiston, ID 83501

Deaon L. Vincent

1334 29th Street, Lewiston, ID 83501

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

2214 Carol Drive, Lewiston, ID 83501

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Dyana G. Blood

Typed Name: Dyana G. Blood

Signature \_\_\_\_\_

Typed Name: Deaon L. Vincent

Secretary of State use only

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06/07/2012 05:00  
CK: 6112 CT: 271199 BH: 1327279  
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