



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

11 OCT 17 AM 9:22

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

AVALON HOSPICE, LLC

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

403 FIRST ST., IDAHO FALLS, ID 83401

(Street Address)

403 FIRST ST., IDAHO FALLS, ID 83401

(Mailing Address, if different than street address)

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

JAKE BRYAN

(Name)

403 FIRST ST., IDAHO FALLS, ID 83401

(Street Address)

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

Name

Address

JAKE BRYAN

403 FIRST ST., IDAHO FALLS, ID 83401

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

403 FIRST ST., IDAHO FALLS, ID 83401

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Jacob R. Bryan

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/17/2011 05:00
CK: 1171 CT: 263358 BH: 1294503
1 @ 100.00 = 100.00 ORGAN LLC # 2

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