



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

OCT 23 AM 8:47

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

1. The name of the limited liability company is:

The Constellations Assisted Living LLC

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

165 Constellations Road Idaho Falls, Idaho, 83402

(Street Address)

(Mailing Address, if different than street address)

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

Randy Robinson

(Name)

165 Constellations Road Idaho Falls, Idaho, 83402

(Street Address)

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

Name

Address

Randy Robinson

1598 Shady Pines Dr. Idaho Falls, Idaho, 83402

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

165 Constellations Road Idaho Falls, Idaho, 83402

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:

Randy Robinson

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
10/23/2008 05:00
CK: 10796 CT: 230813 BH: 1141376
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