

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2014 JAN -8 PM 1: 36

4	(Instructions on bac	k of application)	APPA CONTRACTOR OF THE SECOND
1.	The name of the limited liability co	mpany is:	SECHE ART OF GARE STATE OF CALLO
2.	The complete street and mailing addresses of the initial designated office: 215 N. Whitley Drive, Suite 3, Fruitland, Idaho 83619		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Cindy M Stice	215 N. Whitley Dr,	Suite 3, Fruitland, ID 83619
	(Name)	(Street Address)	· .
4.	The name and address of at least one member or manager of the limited liability company:		
	Name		Address
	Advanced Health Care Corporation 215 N. Whitley Dr, Suite 3, Fruitland, ID 83619		
		,	
5 .	Mailing address for future correspondence (annual report notices): 215 N. Whitley Drive, Suite 3, Fruitland, ID 83619		
	215 N. Whitey Drive, Suite 3, Fruitiand,	ID 83619	
6.	Future effective date of filing (optio	nal):	
	5 ()	,	
Sig	nature of a manager, member o	r authorized	
per	son.		Secretary of State use only
Sigi	nature / Mc/ Malle		
Тур	ed Name: David W. Nattress		
	nature		IDAHO SECRETARY OF STATE
гур	ed Name:		CK: 10313 CT: 225537 BH: 1405009 1 8 100.00 = 100.00 ORGAN LLC N 2
			1 8 26.98 = 26.00 EXPENTE C 4 1

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