



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

07 SEP 13 AM 8:39

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Streamside Alzheimers LLC

2. The street address of the initial registered office is:

3886 W. Houeland Ct., Eagle, Idaho 83616

and the name of the initial registered agent at the above address is:

William J. Hines

3. The mailing address for future correspondence is:

3886 W. Houeland Ct., Eagle, Idaho 83616

4. The limited liability company will be:

Manager-managed ☒ or Member-managed ☐ (please check the appropriate box)

5. If manager-managed, list the name(s) and address(es) of at least one initial manager.
If member-managed, list the name(s) and address(es) of at least one initial member.

Name

Address

William J. Hines

3886 W. Houeland Ct., Eagle, Idaho 83616

6. Signature of at least one person responsible for forming the limited liability company:

Signature: *William J. Hines*

Typed Name: William J. Hines

Capacity: Manager

Signature: _____

Typed Name: _____

Capacity: _____

Secretary of State use only

g:\cop\lms\llc\form\llc\organization.pmd
Revised: 05/2007

Web Form

IDAHO SECRETARY OF STATE
09/13/2007 05:00
CK: 198 CT: 162347 BH: 1875468
1 @ 100.00 = 100.00 ORGAN LLC # 2

W66631