

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

1 7 26 AHH: 24

(Instructions on back of application)

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•	,	STATE OF TOATION
<ol> <li>The name of the limited liability</li> </ol>	company is:	- or inwin
CARE-2 SERVICES, LLC		
2. The street address of the initial	registered office is:	
545 W. PACIFIC ST. BLACK	(FOOT, ID 83221	
and the name of the initial regis	tered agent at the above address	ie.
GLENDA RAE SCOTT	tered agent at the above address	
GLENDA RAE SCOTT		
<ol><li>The mailing address for future of</li></ol>	orrespondence is:	
P.O. BOX 1231, BLACKFOO	T ID 83221	
4. Management of the limited liabi	lity company will be vested in:	
Manager(s)	(please check the appropriate box	<b>(</b> )
• ,	n one or more manager(s), list the al manager. If management is to l d address(es) of at least one initia	pe vested in the
Name	Ac	idress
GLENDA RAE SCOTT	545 W. PACIFIC ST	
	P.O. BOX 1231	
	BLACKFOOT, ID 83221	
	<u></u>	
6. Signature of at least one person Signature: <u>Len le</u>	2. Chit	
Typed Name: GLENDA RAE SC	Se Se	cretary of State use only
Capacity: MEMBER	noization	
Capacity.		
Signature	COpliams LL Commissents of organization p85 Revised 07/2002	IDAHO SECRETARY OF STATE
Typed Name:	orms/LL Cforms/	03/25/2003 05:0 CK: 9168 CT: 168565 BH: 6790
Capacity:	Orpisfor	1 @ 100.00 = 100.00 ORGAN LL

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