



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

1. The name of the limited liability company is:

VISIONS TRANSITIONAL CARE, LLC

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

1774 PARKVIEW DRIVE, TWIN FALLS, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

KELLY SPIERS

(Name)

1774 PARKVIEW DRIVE, TWIN FALLS, ID 83301

(Street Address)

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

**Name**

**Address**

KELLY SPIERS

1774 PARKVIEW DRIVE, TWIN FALLS, ID 83301

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

1774 PARKVIEW DRIVE, TWIN FALLS, ID 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: KELLY SPIERS

Signature

Typed Name:

Secretary of State use only

IDaho SECRETARY OF STATE  
03/29/2012 05:00  
CK: 1110 CT: 79389 BH: 1317432  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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