CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILEI) EFFECTIVE

(Instructions on back of application)

10 DEC 20 AM 9: 20

	(msudedons on baci	to application)	
1. The name	e of the limited liability co	mpany is: SFC	R JARY OF STATE
	CARE		THE OF IDAHO
 The complete street and mailing addresses of the initial designated/prir 20694 Hillcrest Dr., Greenleaf, Idaho 83626 			ir sipal office:
	ess) 334, Greenleaf, Idaho 83626 ress, if different than street address)		
. The name	e and complete street add	ress of the registered agent:	
Theresa F	. Schnuerte	20694 Hillcrest Drive, Greenleaf, ID 83 (Street Address)	6; 6
company:	Name	one member or manager of the limi	-
Theresa F	. Schnuerte	20694 Hillcrest Drive, Greenleaf, ID 83	36: 6
Robert R.	Schnuerle	20694 Hillcrest Drive, Greenleaf, ID 83	36 16
			_
i Mailing ad	tdress for future correspo	ndence (annual report notices):	
•	crest Drive, Greenleaf Idaho 8	•	
. Future eff	fective date of filing (option	nal):	
ignature of erson.	a manager, member of	r authorized	
ignature <u>//</u>	here Fachn	Secretary of	St: 19 use only
/ped Name:	Theresa F. Schnuerle		
ignature 👍	Robert R. Schnuerle	when	·
yped Name:	AH I SECRETARY OF STATE		

IDAH | SECRETARY OF STATE 12/23/2010 05:00 CK: 4322 CT: 252602 BH: 1251605 1 0 100.00 = 100.00 ORGAN LLC # 2

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