



**ARTICLE
LIMITED LIABILITY COMPANY**

00 OCT -5 AM 2000
(Instructions on back of application)
STATE OF IDAHO

00 SEP 27 AM 9:00

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is: Home Care Options, L.L.C.
2. The address of the initial registered office is: 308 Shoshone Street East Suite #3
Twin Falls, Idaho 83301 and the name of the initial registered agent at that address is: Tamala D. Slatter-Giese
3. The mailing address for future correspondence: 308 Shoshone Street East
Suite #3, Twin Falls, Idaho 83301
4. Management of the limited liability company will be vested in:

Manager(s) or Member(s) (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the members, list the name(s) and address(es) of at least one initial member.

Name

Address

Tamala D. Slatter-Giese 2246 S. 1500 E. Gooding, ID 83330

Madlyn R. Shepherd 3686 N. 2710 E. Twin Falls, ID 83301

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

Tamala D. Slatter-Giese 9/25/00