



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2014 AUG 14 AM 8:51

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Gayle's Loving Care, LLC

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

105 Nebraska Ave Fruitland, ID 83619

(Street Address)

P.O. Box 67 Fruitland, ID 83619

(Mailing Address, if different than street address)

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

Gayle M. Dugger

(Name)

105 Nebraska Ave / P.O. Box 67 Fruitland
Fruitland, ID 83619

(Street Address)

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

Name

Address

Gayle M. Dugger

105 Nebraska Ave / P.O. Box 67 Fruitland
Idaho 83619

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

pg N/A P.O. Box 67 Fruitland, ID 83619

6. Future effective date of filing (optional): N/A

Signature of a manager, member or authorized person.

Signature

Typed Name: Gayle M. Dugger

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

08/14/2014 05:00

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