



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED/EFFECTIVE

2014 NOV 20 AM 9:19

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

Benjamin's Assisted Living LLC

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

121 DELAWARE AVE, NAMPA ID 83651

(Street Address)

(Mailing Address, if different than street address)

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

BRENDEN BENJAMIN

(Name)

121 DELAWARE AVE, NAMPA ID 83651

(Street Address)

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

Name

BRENDEN BENJAMIN

Address

121 DELAWARE AVE, NAMPA ID 83651

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

121 DELAWARE AVE, NAMPA ID 83651

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Benjamin Blinn

Typed Name: BRENDEN BENJAMIN

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/20/2014 05:00

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