

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

 31 AM 8:50
 SECRETARY OF STATE
 STATE OF IDAHO

1. The name of the limited liability company is:

SENIOR TRANSITIONS, LLC

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

510 "D" Street, Idaho Falls, ID 83402

(Street Address)

(Mailing Address, if different than street address)

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

Lesley Jacobson

(Name)

510 "D" Street, Idaho Falls, ID 83402

(Street Address)

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

Name

Address

Lesley Jacobson

510 "D" Street, Idaho Fall, ID 83402

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

510 "D" Street, Idaho Falls, ID 83402

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: LESLEY JACOBSON

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
 01/31/2011 05:00
 CK: 19819 CT: 2293 BH: 1257689
 1 @ 100.00 = 100.00 ORGAN LLC # 2

W100041