



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2009 JAN -5 AM 9:45

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Your Care Connections LLC

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

1907 W. Suncrest Dr. Boise, ID 83705

(Street Address)

(Mailing Address, if different than street address)

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

Brenda Hurst

1907 W. Suncrest Dr. Boise, ID 83705

(Name)

(Street Address)

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

Name

Address

Brenda Hurst

1907 W. Suncrest Dr., Boise, ID 83705

Terrese Donnelly

1900 W. Suncrest Dr., Boise, ID 83705

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

1907 W. Suncrest Dr., Boise, ID 83705

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Brenda Hurst

Typed Name:

Brenda Hurst

Signature

Terrese Donnelly

Typed Name:

Terrese Donnelly

Secretary of State use only

g:\corporations\LLC forms\cert org. 8c.PMD
Revised 07/2008

IDAHO SECRETARY OF STATE
01/05/2009 05:00
CX: 1420 CT: 232001 IN: 1150737
1 @ 100.00 = 100.00 ORGAN LLC # 2

W80372