



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
07 OCT -2 PM 1:11
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Aspen Springs Assisted Living LLC

2. The street address of the initial registered office is:

3254 Spirit Lake Cutoff Rd. Spirit Lake, Id. 83869

and the name of the initial registered agent at the above address is:

Rebecca L Skala

3. The mailing address for future correspondence is:

PO Box 338 Athol, Id. 83801

4. The limited liability company will be:

Manager-managed ☐ or Member-managed ☒ (please check the appropriate box)

5. If manager-managed, list the name(s) and address(es) of at least one initial manager.
If member-managed, list the name(s) and address(es) of at least one initial member.

Name

Address

Rebecca L. Skala

PO Box 338 Athol, Id. 83801

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

Signature: Rebecca L Skala

Typed Name: Rebecca L. Skala

Capacity: Owner

Signature: _____

Typed Name: _____

Capacity: _____

Secretary of State use only

g:\temp\form\llc\form\llc\organization.pdf
Revised 05/2007

Web Form

IDAHO SECRETARY OF STATE
10/02/2007 05:00
CK: 1735 CT: 216573 BH: 1078513
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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