



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

**2017 NOV -6 AM 9:26**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:

Family Substitutes LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC.)

2. The complete street and mailing addresses of the principal office is:

3797 N 3550 E, Kimberly, ID 83341-5093

(Street Address)

(Mailing Address, if different)

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

Amanda L. Pereira

3797 N 3550 E, Kimberly, ID 83341-5093

(Name)

(Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:

Amanda L. Pereira

3797 N 3550 E, Kimberly, ID 83341-5093

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

3797 N 3550 E, Kimberly, ID 83341-5093

(Address)

Signature of organizer(s).

Signature: *Amanda L. Pereira*

Printed Name: Amanda L. Pereira

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

11/06/2017 05:00

CE:2057 CT:347963 BH:1610611

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