



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 JUN 29 AM 10:22

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the professional limited liability company is:

Rocky Mountain HomeHealth and Hospice, PLLC

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

732 Washington Ave. Pocatello, ID 83201

(Street Address)

1797 Starlite Street, Pocatello, ID 83201

(Mailing Address, if different than street address)

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

B. Robb Redford

(Name)

1505 Bench Rd. Pocatello, ID 83201

(Street Address)

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

Name

Address

B. Robb Redford

1505 Bench Rd. Pocatello ID 83201

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

1797 Starlite Street, Pocatello, ID 83201

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

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: Nursing, social work

Signature of a manager, member or authorized person.

Signature

B. Robb Redford

Typed Name: B. Robb Redford

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/29/2015 05:00

CK:20057 CT:311833 BH:1481766

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