



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED/EFFECTIVE

SEP 30 11:09:44

(Instructions on back of application)

1. The name of the limited liability company is:
Whispering Pines Assisted Living LLC.
2. The street address of the initial registered office is:
4714 Navajo St. Pocatello, ID 83204
and the name of the initial registered agent at the above address is:
Shelly Barthlome
3. The mailing address for future correspondence is:
520 Willard Pocatello, ID 83201
4. Management of the limited liability company will be vested in:
Manager(s) ☒ or Member(s) ☐ (please check the appropriate box)
5. If management is to be vested in one or more manager(s), list the name(s) and address(es) or at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
Shelly Barthlome	520 Willard
	Pocatello, ID 83201

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

Signature: Shelly Barthlome
 Typed Name: Shelly Barthlome
 Capacity: Manager
(208) 234-1200

Signature: _____
 Typed Name: _____
 Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 CK: 712 CT: 163886 BH: 524417
 1 @ 100.00 = 100.00 ORGAN LLC # 2
 Revised 07/2002

Web Form

IDAHO SECRETARY OF STATE
 10/01/2002 05:00
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