



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

**11 APR 25 PM 12:30**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:
- Stonebridge Assisted Living, LLC.
2. The complete street and mailing addresses of the initial designated/principal office:

132 S 300 W Jerome, ID. 83338

(Street Address)

(Mailing Address, if different than street address)

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

Jami Gaver

(Name)

132 S 300 W Jerome, ID. 83338

(Street Address)

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

Name

Address

Matthew Gaver

13301 Cedar Park Dr. Herriman, Ut. 84096

Jami Gaver

132 S 300 W Jerome, ID. 83338

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

13301 Cedar Park Dr. Herriman, Ut. 84096

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Matthew Gaver

Typed Name: Matthew Gaver

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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04/25/2011 05:00  
CK: 1001 CT: 250116 BH: 1270741  
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