

Signature _

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ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application) STATE OF IDAHO 1. The name of the limited liability company is: DAYLEY ADULT CARE CENTER, L.L.C. 2. The street address of the initial registered office is: 3262 EAST CANYON PLACE, TWIN FALLS, IDAHO 83301 and the name of the initial registered agent at the above address is: ROBYN DAYLEY 3. The mailing address for future correspondence is: 3262 EAST CANYON PLACE, TWIN FALLS, ID 83301 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) of 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 ROBYN DAYLEY 3262 E. Canyon Place, Twin Falls, ID 83301 HILLARI CHAPPEL 3262 E. Canyon Place, Twin Falls, ID 83301 6. Signature of at least one person responsible for forming the limited liability company: Signature: Secretary of State use only Typed Name: ROBYN DAYLEY Capacity: MEMBER

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