



0004291094

**STATE OF IDAHO**

Office of the secretary of state, Lawrence Denney

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0004291094

Date Filed: 5/25/2021 3:22:48 PM

Certificate of Organization Limited Liability Company							
Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$100)						
1. Limited Liability Company Name							
Type of Limited Liability Company	Limited Liability Company						
Entity name	SwiftHaven Healthcare, LLC						
2. The complete street address of the principal office is:							
Principal Office Address	1100 NW 12TH STREET FRUITLAND, ID 83619						
3. The mailing address of the principal office is:							
Mailing Address	1100 NW 12TH ST FRUITLAND, ID 83619-5040						
4. Registered Agent Name and Address							
Registered Agent	Registered Agent Jessica Bilyeu Physical Address: 1100 NW 12TH STREET FRUITLAND, ID 83619 Mailing Address: 1100 NW 12TH ST FRUITLAND, ID 83619-5040						
<input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.							
5. Governors							
<table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>Kristopher Stice</td><td>1100 NW 12TH STREET FRUITLAND, ID 83619</td></tr><tr><td>TODD STICE</td><td>1100 NW 12TH STREET FRUITLAND, ID 83619</td></tr></tbody></table>		Name	Address	Kristopher Stice	1100 NW 12TH STREET FRUITLAND, ID 83619	TODD STICE	1100 NW 12TH STREET FRUITLAND, ID 83619
Name	Address						
Kristopher Stice	1100 NW 12TH STREET FRUITLAND, ID 83619						
TODD STICE	1100 NW 12TH STREET FRUITLAND, ID 83619						
Signature of Organizer:							
<i>Kristopher Stice</i>	05/25/2021						
Sign Here	Date						

B0611-8936 05/25/2021 3:23 PM Received by ID Secretary of State Lawrence Denney