251		<u> </u>
	ARTICLES OF OR LIMITED LIABILIT (Instructions on back	AGANIZATION COMPANY of application) Decementation STATE OF ILLAHO Dany is:
1.	The name of the limited liability component of the limited liability component $\ensuremath{Open}$ Arms Home Health Care $_{\rm LLC}$	pany is:
2.	2. The street address of the initial registered office is: <u>6014 West Randolph</u> Boise, ID 83709	
and the name of the initial registered agent at the above address is: Chris Casteel		agent at the above address is:
3.	The mailing address for future correspondence is: 6014 West Randolph Boise, ID 83709	
4.	Management of the limited liability company will be vested in: Manager(s) v or Member(s) (please check the appropriate box)	
<ol> <li>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.</li> </ol>		nager. If management is to be vested in the
	Name	Address
	Chris Casteel	6014 West Randolph Boise, ID 83709
	Signature of at least one person resp Signature:	oonsible for forming the limited liability company:
	Typed Name: Chris Casteel Capacity: Management Owner	Secretary of State use only           IDAHO SECRETARY OF STATE           IDAHO S
	Signature	IDAHO SECRETARY OF STATE
	Typed Name:	IDAHO SECRETARY OF STATE           IDAHO SECR
	Capacity:	