

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY



(Instructions on back of application)

1.	The name of the limited liability com Quality Quad Care LLC.	pany is:
2.	The street address of the initial regis 2146 Orofino Crk Rd	stered office is:
	and the name of the initial registered Bridgette Presnell	agent at the above address is:
3.	The mailing address for future corres	
4.	Management of the limited liability co	empany will be vested in:
	Manager(s) ☐ or Member(s) ✓	
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.	
	member(s), list the name(s) and addr	ress(es) of at least one initial member.
	member(s), list the name(s) and addr	ress(es) of at least one initial member. Address
	member(s), list the name(s) and addr	ress(es) of at least one initial member.
6. ;	Name Nadine Chojnacki Signature of at least one person respo	Address 890 Hidden Valley Rd #6 Bozeman MT 59718 Donsible for forming the limited liability company:
S T C	Name Name Nadine Chojnacki Signature of at least one person responsionature: Signature: Flactoric Chapter Chapter (Manacki Member)	Address 890 Hidden Valley Rd #6 Bozeman MT 59718 Onsible for forming the limited liability company:
S T C	Name Name Nadine Chojnacki Signature of at least one person responsion to the control of the	Address 890 Hidden Valley Rd #6 Bozeman MT 59718 Onsible for forming the limited liability company: Secretary of State use only IDAHO SECRETARY OF STATE

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