



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

**2018 MAR -2 AM 8:48**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:  
**RIGHT AT HOME CARE, LLC**

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:  
**158 E MAIN STREET, SUITE 4B GRANGEVILLE, ID 83530**

(Street Address)

**P.O. BOX 141, GRANGEVILLE, ID 83530**

(Mailing Address, if different)

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

**ARMANDA SCHEUERMAN**

**208 1/2 SE MADISON ST, GRANGEVILLE, ID 83530**

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

**ARMANDA SCHEUERMAN**

**208 1/2 SE MADISON ST, GRANGEVILLE, ID 83530**

(Name)

(Address)

**JORDAN SEWELL**

**522 SOUTH C STREET, GRANGEVILLE, ID 83530**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

**P.O. BOX 141, GRANGEVILLE, ID 83530**

(Address)

Signature of organizer(s).

Printed Name: **ARMANDA SCHEUERMAN**

Signature: *AScheuerman*

Printed Name: **JORDAN SEWELL**

Signature: *JSewell*

Secretary of State use only

IDAHO SECRETARY OF STATE

**03/02/2018 05:00**

CK:567 CT:353765 BH:1629926

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

**W194953**