

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

To the Secretary of State of Idaho
Corporations Division
700 West Jefferson Room 203
P.O. Box 83720 • Boise, ID 83720-0080

FILED/EFFECTIVE

01 JAN 19 AM 10:

STATE OF IDAHO



1. The name of the limited liability company is: Eldercare Professional Solutions, L.L.C.
2. The address of the initial registered office is: 3350 Bristol Avenue
(not a PO Box)
Coeur d'Alene, Idaho 83815 and the name of the initial registered agent at that address is: Candy A. Holstein
Signature of registered agent: Candy A. Holstein
3. The latest date certain on which the limited liability company will dissolve: 50 years from
date of filing
4. Is management of the limited liability company vested in a manager or managers?
☒ Yes ☐ No (check appropriate box)
5. If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one initial member.
Name: Address:
Candy A. Holstein 3350 Bistol Avenue
Coeur d'Alene, ID 83815
6. Signature of at least one person listed in #5 above:

Candy A. Holstein

IDAHO SECRETARY OF STATE

01/19/2001 State of Idaho
CR: 13363 CT: 20062 BH: 373761

1 @ 100.00 = 100.00 ORGAN LLC # 2

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