

251

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2011 JUN 28 AM 10:56

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Cedar Hollow Health, LLC.

2. The complete street and mailing addresses of the initial designated/principal office:

1234 E 1000 N
(Street Address)Shelley, ID 83274
(Mailing Address, if different than street address)

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

Lauri A. Nielson
(Name)1234 E 1000 N, Shelley, ID
(Street Address) 83274

4. The name and address of at least one member or manager of the limited liability company:

Lauri A. Nielson
Name1234 E 1000 N, Shelley, ID
Address 83274

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

1234 E 1000 N, Shelley, ID 83274

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Lauri A. Nielson
Typed Name: LAURI A. NIELSONSignature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/28/2011 05:00
CK: 716583 CT: 172099 BH: 1288339
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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