

**FILED EFFECTIVE**

251



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

2016 OCT 13 PM 3:50

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

**TAMBREE MEADOWS ASSISTED LIVING 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:

**4881 CLOVER DELL RD CHUBBUCK ID 83202**

(Street Address)

(Mailing Address, if different)

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

**VIRGIL LARSON**

**4881 CLOVER DELL RD CHUBBUCK ID 83202**

(Name)

(Address cannot be a post office box or postal mail box.)

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

**TROY BELL**

**4881 CLOVER DELL RD CHUBBUCK ID 83202**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

**4881 CLOVER DELL RD CHUBBUCK ID 83202**

(Address)

Signature of organizer(s).

Signature: \_\_\_\_\_

Printed Name: **TROY BELL**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Rev. 11/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

**10/13/2016 05:00**

CK:4280474 CT:172099 BH:1550720

1@ 100.00 = 100.00 ORGAN LLC #4

1@ 20.00 = 20.00 EXPEDITE C #5

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