



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2004 NOV 10 PM 4: 03

SECRETARY OF STATE
STATE OF IDAHO

2004 NOV 17 PM 1: 24
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Prescott Health Care LLC

2. The street address of the initial registered office is:

110 N 800 E Jerome ID 83338

and the name of the initial registered agent at the above address is:

Andrew Prescott

3. The mailing address for future correspondence is:

110 N 800 E Jerome ID 83338

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

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.

| Name | Address |
|----------------------------|------------------------------------|
| <u>B Roy Prescott</u> | <u>135 N 800 E Jerome ID 83338</u> |
| <u>Judith Ann Prescott</u> | <u>135 N 800 E Jerome ID 83338</u> |
| <u>Andrew TC Prescott</u> | <u>350 N 800 E Jerome ID 83338</u> |
| <u>Janet L Prescott</u> | <u>350 N 800 E Jerome ID 83338</u> |
| <u>Kathryn DD Prescott</u> | <u>135 N 800 E Jerome ID 83338</u> |

6. Signature of at least one person responsible for forming the limited liability company:

Signature:

Typed Name: Andrew TC Prescott

Capacity: Managing Partner

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

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11/10/2004 05:00
CK: 2293 CT: 181794 BH: 776000
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