



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

12 APR 12 AM 9:11

1. The name of the limited liability company is:

ALS Nursing Service, LLC

SECRETARY OF STATE
STATE OF IDAHO

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

3088 N. 3350 W. Moore, Idaho 83255

(Street Address)

PO Box 721 Arco, Idaho 83213

(Mailing Address, if different than street address)

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

Ambra L. Scouten

(Name)

3088 N. 3350 W. Moore, Id 83255

(Street Address)

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

<u>Name</u>	<u>Address</u>
<u>Ambra L. Scouten</u>	<u>3088 N. 3350 W. Moore, Id 83255</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

PO Box 721 Arco, ID 83213

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

Signature of a manager, member or authorized person.

Signature

Ambra L. Scouten

Typed Name:

Ambra L. Scouten

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/12/2012 05:00
CK: 4881 CT: 269196 BN: 1319416
1 @ 100.00 = 100.00 ORGAN LLC # 2

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