





STATE OF IDAHO Office of the secretary of state, Phil McGrane CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

File #: 0005362367

08/14/2023

Date

Date Filed: 8/14/2023 11:34:40 AM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below) | | Standard (filing fee \$100) |
|--|--|---|
| Limited Liability Company Name | | |
| Type of Limited Liability Company | | Limited Liability Company |
| Entity name | | Copper Falls Hospice, LLC |
| 2. The complete street address of the pri | ncipal office is: | |
| Principal Office Address | | 950 BANNOCK STREET SUITE 1100 BOISE, ID 83702 |
| 3. The mailing address of the principal of | fice is: | |
| Mailing Address | | C/O PURSUE HEALTH 400 EXCHANGE SUITE 140 IRVINE, CA 92602 |
| 4. Registered Agent Name and Address | | |
| Registered Agent | | VCORP AGENT SERVICES, INC. Commercial Registered Agent |
| | | Physical Address |
| | | 1555 W SHORELINE DR STE 1000 BOISE, ID 83702 |
| | | Mailing Address |
| | | 1555 W SHORELINE DR STE 1000 |
| ■ I affirm that the registered | agent appointed has consented | BOISE, ID 83702 to serve as registered agent for this entity. |
| | | |
| 5. Governors | | |
| Name | Address | |
| Max DL, LLC | C/O PURSUE HEALTH, 400 EXCHANGE SUITE 140 IRVINE, CA 92602 | |
| Signature of Organizer: | | |

Zachary Larson

Sign Here