



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 AUG -5 PM 12: 35

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

IN HOME AND HEALTH CARE SOLUTIONS – LLC

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

115 NORTH 1ST AVENUE EAST MIDDLETON ID 83644

(Street Address)

115 north 1ST AVENUE EAST MIDDLETON IDAHO 83644

(Mailing Address, if different than street address)

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

FORREST FINK

(Name)

115 NORTH 1ST AVE EAST MIDDLETON ID 83644

(Street Address)

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

**Name**

**Address**

FORREST FINK

115 NORTH 1ST AVE EAST MIDDLETON ID 83644

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

115 NORTH 1ST AVE EAST MIDDLETON ID 83644

6. Future effective date of filing (optional): 08/05/2014

Signature of a manager, member or authorized person.

Signature

*Forrest James Fink*

Typed Name: FORREST JAMES FINK

Signature

Typed Name: FORREST FINK

Secretary of State use only

IDAHO SECRETARY OF STATE

08/05/2014 05:00

CK:2115854 CT:172099 BH:1436105  
1@ 100.00 = 100.00 ORGAN LLC #2

W 140845