

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 AUG -5 PM 12: 35

ped Name: FORREST JAMES FINK  Secretary of State use only  IDAHO SECRETARY OF S  08/05/2014 05  CK: 2115854 CT: 172099 B		(Instructions on b	ack of application)	SECRETARY OF STATE STATE OF IDAHO
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)  The name and complete street address of the registered agent:  FORREST FINK  115 NORTH 1ST AVE EAST MIDDLETON ID 83644  (Name)  (Street Address)  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  Mailing address for future correspondence (annual report notices):  115 NORTH 1ST AVE EAST MIDDLETON ID 83644  Future effective date of filing (optional):  08/05/2014  gnature of a manager, member or authorized rison.  Secretary of State use only IDAHO SECRETARY OF SOB (865/2014 05):  CK: 2115 854 CT: 172099 B 1 @ 100.00 = 100.00 DBG	1. The nam	ne of the limited liability	company is:	
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)  The name and complete street address of the registered agent:  FORREST FINK  115 NORTH 1ST AVE EAST MIDDLETON ID 83644  (Name)  (Street Address)  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  Mailing address for future correspondence (annual report notices):  115 NORTH 1ST AVE EAST MIDDLETON ID 83644  Future effective date of filing (optional):  108/05/2014  gnature of a manager, member or authorized aron.  Secretary of State use only  TDAHO SECRETARY OF STAMES FINK  108/05/2014  CK: 2115854 CT: 172099 B 1e 100.00 = 100.00 DRG	IN HOM	E AND HEALTH CARE SOL	UTIONS - LLC	
(Street Address)  115 north 1ST AVENUE EAST MIDDLETON IDAHO 83644  (Mailing Address, if different than street address)  The name and complete street address of the registered agent:  FORREST FINK  115 NORTH 1ST AVE EAST MIDDLETON ID 83644  (Name)  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  Mailing address for future correspondence (annual report notices):  115 NORTH 1ST AVE EAST MIDDLETON ID 83644  Future effective date of filing (optional):  98/05/2014  gnature of a manager, member or authorized rson.  Secretary of State use only IDAHO SECRETARY OF Secretary of State use only IDAHO SECRETARY OF SECRETARY O	2. The con	plete street and mailing	addresses of the i	nitial designated office:
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(Mailing Address, if different than street address of the registered agent:  FORREST FINK  115 NORTH 1ST AVE EAST MIDDLETON ID 83644 (Name)  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  Mailing address for future correspondence (annual report notices): 115 NORTH 1ST AVE EAST MIDDLETON ID 83644  Future effective date of filing (optional):  98/05/2014  gnature of a manager, member or authorized rson.  Secretary of State use only IDAHO SECRETARY OF Seped Name: FORREST JAMES FINK  98/05/2014 05  CK: 2115854 CT: 172099 Eggnature  10 100.00 = 100.00 DEG	•	· · · · · · ·	DLETON IDAHO 83644	
FORREST FINK  (Name)  (Street Address)  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  Mailing address for future correspondence (annual report notices): 115 NORTH 1ST AVE EAST MIDDLETON ID 83644  Future effective date of filing (optional):  Puture effective date of filing (optional):  OB/05/2014  gnature of a manager, member or authorized rson.  Secretary of State use only 1DAHO SECRETARY OF 9 08/05/2014 05  CK: 2115854 CT: 172099 E 1 00.00 DRG				
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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  Mailing address for future correspondence (annual report notices): 115 NORTH 1ST AVE EAST MIDDLETON ID 83644  Future effective date of filing (optional):  98/05/2014  gnature for a manager, member or authorized rson.  Secretary of State use only 1DAHO SECRETARY OF S 08/05/2014 05  CK:2115854 CT:172093 B 16/100.00 = 100.00 DRG	FORRE	ST FINK	115 NORTH 1S	T AVE EAST MIDDLETON ID 83644
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