



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2013 SEP 23 AM 10: 58

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Ideal Nursing Solutions LLC

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

15702 Riverside Rd. Caldwell, Idaho 83607

(Street Address)

15702 Riverside Rd. Caldwell, Idaho 83607

(Mailing Address, if different than street address)

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

Joe Nourse

(Name)

15702 Riverside Rd. Caldwell, Idaho 83607

(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>Joe Nourse</u>	<u>15702 Riverside Rd. Caldwell Idaho 83607</u>
<u>Dave Dickinson</u>	<u>15702 Riverside Rd. Caldell Idaho 83607</u>
_____	_____
_____	_____
_____	_____

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

15702 Riverside Rd. Caldwell Idaho 83607

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

Signature of a manager, member or authorized person.

Signature *Joe Nourse*

Typed Name: Joe Nourse

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/23/2013 05:00
CK: 1557115 CT: 172099 BH: 1391035
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