



0003892152

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301

Filing Fee: \$100.00 - Make Checks Payable to Secretary of State

*For Office Use Only***-FILED-**

File #: 0003892152

Date Filed: 6/3/2020 5:59:48 PM

| Certificate of Organization Limited Liability Company  |  |      |         |                     |                               |
|--|--|------|---------|---------------------|-------------------------------|
| Select one: Standard, Expedited or Same Day Service (see descriptions below)   | Standard (filing fee \$100)  |      |         |                     |                               |
| 1. Limited Liability Company Name  |  |      |         |                     |                               |
| Type of Limited Liability Company  | Limited Liability Company  |      |         |                     |                               |
| Entity name  | HEARTWOOD CENTER, L.L.C.   |      |         |                     |                               |
| 2. The complete street address of the principal office is:   |  |      |         |                     |                               |
| Principal Office Address   | SUSAN FENTON KUBIAK<br>241 LAKESHORE AVE<br>DOVER, ID 83825  |      |         |                     |                               |
| 3. The mailing address of the principal office is:   |  |      |         |                     |                               |
| Mailing Address  | SUSAN FENTON KUBIAK<br>PO BOX 142<br>DOVER, ID 83825-0142  |      |         |                     |                               |
| 4. Registered Agent Name and Address   |  |      |         |                     |                               |
| Registered Agent   | Registered Agent<br>J T Diehl<br>Physical Address:<br>106 W. SUPERIOR STREET<br>SANDPOINT, ID 83864<br>Mailing Address:<br>106 SUPERIOR ST<br>SANDPOINT, ID 83864-1238 |      |         |                     |                               |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.                               |  |      |         |                     |                               |
| 5. Governors   |  |      |         |                     |                               |
| <table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>SUSAN FENTON KUBIAK</td><td>PO BOX 142<br/>DOVER, ID 83825</td></tr></tbody></table> |  | Name | Address | SUSAN FENTON KUBIAK | PO BOX 142<br>DOVER, ID 83825 |
| Name   | Address  |      |         |                     |                               |
| SUSAN FENTON KUBIAK  | PO BOX 142<br>DOVER, ID 83825  |      |         |                     |                               |
| Signature of Organizer:  |  |      |         |                     |                               |
| <u>SUSAN FENTON KUBIAK</u>   | <u>06/03/2020</u>  |      |         |                     |                               |
| Sign Here  | Date   |      |         |                     |                               |

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