



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
08 AUG -7 AM 8:26
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Avant-garde Home Care L.L.C

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

4135 East 82 North

(Street Address)

Rigby, ID 83442

(Mailing Address, if different than street address)

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

Damian Lovell

(Name)

4135 East 82 North Rigby, ID 83442

(Street Address)

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

Name

Damian Lovell

Address

4135 East 82 North Rigby, ID 83442

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

4135 East 82 North Rigby, ID 83442

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Damian Lovell

Typed Name: Damian Jon Lovell

Signature _____

Typed Name: _____

g:\corpdocs\LLC\forms\LLC_form\LLC_Org_Lic.PMD
Revised 07/2008

Secretary of State use only

IDAHO SECRETARY OF STATE
08/07/2008 05:00
CX: 105 CT: 228687 BH: 1138642
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

WOT6699