

FILED-EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2016 JAN 29 AM 9:06
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Northwest Natural Healthcare LLC

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

1114 Main St.

(Street Address)

Lewiston, Id. 83501

(Mailing Address, if different than street address)

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

Loretta Tye

(Name)

717 Linden Ave Lewiston Id

(Street Address)

83501

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

Loretta Tye

Name

717 Linden Ave Lewiston Id.

Address

83501

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

NWNHC 1114 main St Lewiston, Id. 83501

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Loretta Tye

Typed Name: Loretta J. Tye

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/29/2016 05:00

CK:4320 CT:319610 BH:1511019

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1@ 20.00 = 20.00 CORP SUR #4

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