

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 2012 SEP 18 PM 2: 32

	(Instructions on bac	k of application)	SECRETARY OF STATE STATE OF IDAHO
1. The name o	f the limited liability co	empany is:	Spire of Incitio
	Renais	ssance Transitional House	LLC
2. The complet	e street and mailing a	ddresses of the initial	designated office:
2468 Dorm D	rive		_
(Street Address) Twin FAlls Id			
	. if different than street address)		
3. The name a	nd complete street add	dress of the registered	d agent:
Best Home B	id Inc	2468 Dorm Drive Twir	r Falls Id 83301
(Name)	······································	(Street Address)	· · · · · · · · · · · · · · · · · · ·
. The name a company:	Name	one member of mane	ager of the limited liability  Address
Ray Perron		2468 Dorm Drive Twi	n FAlls Id 83301
Hugh C Roel	nl ·	720 Blue Lakes Blvd	Twin Falls ld 83301
_ <del></del>	<u> </u>		
<del></del>		<u> </u>	
<u>.</u>			
<del> </del>			
5. Mailing add	ress for future correspo	ondence (annual repo	ort notices):
_	Prive Twin Falls Id 83301		
<del></del>			
6. Future effec	tive date of filing (option	onal):	
~( )			
- 8/8	manager, member of	or authorized	
person.		[	Secretary of State use only
Signature	<b>~</b> ^		•
Typed Name: _	Enteren -		
- Nh. a. a. 1 . a	1		
Signature <i>C</i> _/	of ROLL		IDAHO SECRETARY OF ST
Typed Name:	Chad Dag	61_	09/18/2012 0: CK: 2494 CT: 252890 BH:

cert\_org\_lic Rev. 07/2010

09/18/2012 05:00 CK: 2494 CT: 252880 BH: 1348348 1 2 188.88 = 108.88 CRGAN LLC # 2