

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 APR -6 AM 8:36

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Idaho Lifeline, LLC.

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

1099 N. Hiltonhead Way; Eagle, Idaho 83616

(Street Address)

(Mailing Address, if different than street address)

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

Patricia E. Schiers

(Name)

1099 N. Hiltonhead Way; Eagle, Idaho 83616

(Street Address)

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

Name**Address**

Patricia E. Schiers

1099 N. Hiltonhead Way; Eagle, Idaho 83616

Robert O. Schiers

1099 N. Hiltonhead Way; Eagle, Idaho 83616

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

1099 N. Hiltonhead Way; Eagle, Idaho 83616

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Patricia E. Schiers

Signature

Typed Name: Robert O. Schiers

Secretary of State use only

 IDAHO SECRETARY OF STATE
 04/06/2011 05:00
 CK: 677025 CT: 15971 BH: 1267932
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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