



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

2017 AUG 15 AM 10:15

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

BLACKFOOT HOSPICE LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

3480 WASHINGTON PARKWAY, IDAHO FALLS, ID 83404

(Street Address)

PO BOX 3881, IDAHO FALLS, ID 83403

(Mailing Address, if different)

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

ROBERT COLLETTE

3470 WASHINGTON PARKWAY, IDAHO FALLS, ID 83404

(Name)

(Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:

ROBERT COLLETTE

3470 WASHINGTON PARKWAY, IDAHO FALLS, ID 83404

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

PO BOX 3881, IDAHO FALLS, ID 83403

(Address)

Signature of organizer(s).

Signature:

Printed Name: ROBERT COLLETTE

Signature:

Printed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

08/15/2017 05:00

CK:54970 CT:96514 BH:1598318

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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