

FILED EFFECTIVE

2013 AUG 16 PM 1:55

252

SECRETARY OF STATE  
STATE OF IDAHO



**CERTIFICATE OF ORGANIZATION  
PROFESSIONAL  
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

1. The name of the professional limited liability company is:  
DIVINITY HEALTH CARE SERVICES, PLLC
2. The complete street and mailing addresses of the initial designated office:  
620 S. Elder St., Nampa, ID, 83686  
(Street Address)  
  
(Mailing Address, if different than street address)- 3. The name and complete street address of the registered agent:  
Corporation Service Company 12550 W. Explorer Drive, Suite 100, Boise, ID 83713  
(Name) (Street Address)- 4. The name and address of at least one member or manager of the professional limited liability company:

Name	Address
<u>JEFFREY D ROBERTS</u>	<u>620 S. ELDER ST., NAMPA, ID, 83686</u>
<u>PATRICIA PILON</u>	<u>4619 N. STATION PLACE, MERIDIAN, ID, 83646</u>
<u></u>	<u></u>
<u></u>	<u></u>

- 5. Mailing address for future correspondence (annual report notices):  
4619 N. Station Place, Meridian, ID 83646- 6. Future effective date of filing (optional): - 7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: NURSING

Signature of a manager, member or authorized person.

Secretary of State use only

Signature JEFFREY D. ROBERTS

Typed Name: JEFFREY D ROBERTS

Signature PATRICIA PILON

Typed Name: PATRICIA PILON

cert\_org\_pllc.pmd Rev. 07/26/10

IDAHO SECRETARY OF STATE  
08/16/2013 05:00  
CK: NONE CT: 1157 BH: 1386422  
1 @ 100.00 = 100.00 PROF LLC # 2

W128318