

**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  
(Name)12650 W. Explorer Drive, Suite 100, Boise, ID 83713  
(Street Address)

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

Name  
JEFFREY D ROBERTSAddress620 S. ELDER ST., NAMPA, ID, 83686PATRICIA PILON4819 N. STATION PLACE, MERIDIAN, ID, 83646

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

4819 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.

Signature Jeffrey D. RobertsTyped Name: JEFFREY D ROBERTSSignature Patricia PilonTyped Name: PATRICIA PILON

Secretary of State use only

cert. org. fil. and Rev. 07/2010

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

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