



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the application in duplicate.

FILED EFFECTIVE

2015 JUL 13 AM 9:49

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

ASCEND Supported Living, LLC

(Optional: to include the words "Limited Liability Company," "Limited Company," "for the abbreviation "LLC," "LLP," or "LP")

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

899 Harvest Way Middleton ID. 83644

(Street Address)

(City)

(State)

(Zip Code)

(Mailing Address, if different)

(City)

(State)

(Zip Code)

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

Amy Armstrong 899 Harvest Way Middleton ID. 83644

(Name)

(Address)

(City)

(State)

(Zip Code)

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

Amy Armstrong 899 Harvest Way Middleton ID. 83644

(Name)

(Address)

(City)

(State)

(Zip Code)

(Name)

(Address)

(City)

(State)

(Zip Code)

(Name)

(Address)

(City)

(State)

(Zip Code)

(Name)

(Address)

(City)

(State)

(Zip Code)

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

899 Harvest Way Middleton ID. 83644

(Address)

(City)

(State)

(Zip Code)

Signature of organizer(s).

Printed Name: Amy Armstrong

Signature: [Signature]

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

07/13/2015 05:00

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