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# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

**(Instructions on back of application)**

2005 JUN -6 PM 4:49

SECRETARY OF STATE  
STATE OF IDAHO

**FILED EFFECTIVE**

- 1. The name of the limited liability company is:**

GRACE MEMORY CARE AT PARK CENTER LLC

- 2. The street address of the initial registered office is:**

4356 N. NINES RIDGE LANE BOISE, ID., 83702

and the name of the initial registered agent at the above address is:

KURT D. KROLL

3. The mailing address for future correspondence is:

4356 N. NINES RIDGE LANE BOISE, ID., 83702

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name \_\_\_\_\_

**Address**

KURT D. KROLL

4356 N. NINES RIDGE LANE BOISE, ID., 8370

LINDA HINES-KROLL

4356 N. NINES RIDGE LANE BOISE, ID., 8370

6. Signature of at least one person responsible for forming the limited liability company:

**Signature:**

Typed Name: KURT D. KROLL

Capacity: MANAGING MEMBER

**Signature**

Typed Name: LINDA HINES-KROLL

Capacity: MANAGING MEMBER

**Secretary of State use only**

[corpform@llc-form.net](mailto:corpform@llc-form.net) for more information. p05  
 Revised 07/2002

### Web Form

IDAHO SECRETARY OF STATE  
06/07/2005 05:00  
CK: 548239 CT: 172099 DN: 814610  
1 @ 100.00 = 100.00 ORGAN LLC # 3

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