

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 DEC 18 PM 3: 08

SECRETARY OF STATE STATE OF IDAHO

| . The name of the limited liability of | company is: | STATE OF IDAIL |
|--|---|-------------------------------|
| Celebrati | ng Home Health and H | ospice, LLC |
| The complete street and mailing | addresses of the initial | designated/principal office: |
| - | derwood Dr #E, Meridian, II | |
| (Street Address) | Same | |
| (Mailing Address, if different than street address | | |
| The name and complete street a | ddress of the registered | d agent: |
| Douglas Clegg | | ood Dr #E, Meridian, ID 83642 |
| (Name) | (Street Address) | |
| The name and address of at least company: | st one member or mana | ager of the limited liability |
| Douglas Clegg | 253 E. Calderwood Dr #E, Meridian, ID 83642 | |
| | | |
| | | |
| Mailing address for future corres | pondence (annual repo | ort notices): |
| • | Iderwood Dr #E, Meridian, II | * |
| | | |
| Future effective date of filing (op | tional): | |
| | | |
| gnature of organizer(s). (An organize ting in behalf of a member or members)/ | r is a member, or is | |
| | 9 | Secretary of State use only |
| gnature Wy L 17 | less ! | W8 9100 |
| ped Name: Douglas Cleg | Ometic formstoar, org. Ic. Puld | 006 1100 |
| | Soos Semo | IDANO SECRETARY OF STATE |
| gnature | ALICA A O7% | 12/18/2009 85: |
| ned Name | P. 1 | 1 06.00 = 100.00 DRGON I |