



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

08 DEC -1 AM 8:14
SECRETARY OF STATE
STATE OF IDAHO

FILED

(Instructions on back of application)

1. The name of the limited liability company is:

Magic Valley Residential Care, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

04 North 150 West Jerome, Idaho 83338

(Street Address)

(Mailing Address, if different than street address)

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

Lynnette McKean

04 North 150 West Jerome, Idaho 83338

(Name)

(Street Address)

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

Name

Address

Lynnette McKean

04 North 150 West Jerome, Idaho 83338

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

04 North 150 West Jerome, Idaho 83338

6. Future effective date of filing (optional): January 1, 2009

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature *Lynnette McKean*

Typed Name: Lynnette McKean

Signature _____

Typed Name: _____

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Revised 07/2008

Secretary of State use only

IDAHO SECRETARY OF STATE
12/01/2008 05:00
CK: 17655 CT: 71271 BH: 1146398
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