

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 MAR -5 AM 8:52

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Clarity Assisted Living LLC

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

2940 S Mayflower Way

(Street Address)

Boise, ID 83709

(Mailing Address, if different than street address)

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

Trista D Wolfe

(Name)

2940 S Mayflower Way, Boise, ID 83709

(Street Address)

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

Name**Address**

Trista D Wolfe

2940 S Mayflower Way, Boise ID 83709

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

2940 S Mayflower Way, Boise ID 83709

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Trista D Wolfe

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

03/05/2015 05:00

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