



**CERTIFICATE OF ORGANIZATION FILED EFFECTIVE  
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

11 JUL 29 AM 9:20

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

PROGRESSIVE LIVING LLC

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

593 BLUEBELL AVE. TWIN FALLS, IDAHO 83301

(Street Address)

(Mailing Address, if different than street address)

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

MIKE LAWRENCE

(Name)

593 BLUEBELL AVE. TWIN FALLS, IDAHO 83301

(Street Address)

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

Name

MIKE LAWRENCE

Address

593 BLUEBELL AVE. TWIN FALLS, IDAHO 83301

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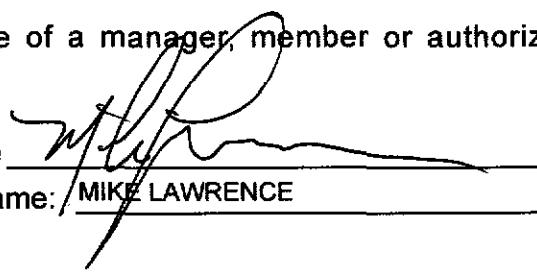
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5. Mailing address for future correspondence (annual report notices):

593 BLUEBELL AVE. TWIN FALLS, Ida 83301

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature 

Typed Name: MIKE LAWRENCE

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDaho SECRETARY OF STATE  
07/29/2011 05:00  
CK: 2093 CT: 261086 BH: 1284477  
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