



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(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:

NameAddress

MIKE LAWRENCE

593 BLUEBELL AVE. TWIN FALLS, IDAHO 83301

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: 261006 BH: 1204477
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