

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

	(instructions on baci	k or application)
1.	The name of the limited liability com Rolling Hills Retirement Estates, L	SIMIL OF IDATIO
2.	The street address of the initial regis	stered office is:
	and the name of the initial registered  John Lundberg	agent at the above address is:
3.	The mailing address for future corres	spondence is:
4.	Management of the limited liability co	ompany will be vested in:
	Manager(s) or Member(s)	(please check the appropriate box)
5.	If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.	
	Name	Address
	Name  John Lundberg	Address P.O. Box 529, Weiser, ID 83672
6.	John Lundberg  Signature of at least pipe person resp	P.O. Box 529, Weiser, ID 83672
5	Signature of at least one person responding tundle	P.O. Box 529, Weiser, ID 83672  phsible for forming the limited liability company:
5	John Lundberg  Signature of at least pipe person resp	P.O. Box 529, Weiser, ID 83672  phsible for forming the limited liability company:
: (	Signature of at least one person respondent for a sum of the second seco	P.O. Box 529, Weiser, ID 83672  phsible for forming the limited liability company:
3	Signature of at least one person responsion from Lundberg  Signature: John Lundberg  Capacity: Member  Signature	P.O. Box 529, Weiser, ID 83672  phsible for forming the limited liability company:
\$ ( 5	Signature of at least one person respondent for a sum of the second seco	P.O. Box 529, Weiser, ID 83672  phsible for forming the limited liability company:  Secretary of State use only  Secretary of State use only  IDANO SECRETARY OF STATE  19/24/2903 95:80  CK: 15982 CT: 24374 RH: 7881

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