

FILED EFFECTIVE

2014 JUN 16 PM 4:41

SECRETARY OF STATE
STATE OF IDAHO

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the professional limited liability company is:

Loving Hearts PHC/ PLLC

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

66 South Center Street Weston, Idaho 83286

(Street Address)

(Mailing Address, if different than street address)

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

Leslee Graves

(Name)

66 South Center Street, Weston, Idaho 83286

(Street Address)

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

Name

Address

Troy C. Graves

66 South Center Street, Weston Idaho 83286

Leslee Graves

66 South Center, Weston ID 83286

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

66 South Center Street, Weston Idaho 83286

6. Future effective date of filing (optional): _____

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: Nursing

Signature of a manager, member or authorized person.

Signature

Typed Name: Leslee Graves

Signature

Typed Name: Troy C. Graves

Secretary of State use only

IDAHO SECRETARY OF STATE

06/17/2014 05:00

CK:2176 CT:298039 BH:1429452

1@ 100.00 = 100.00 PROF LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

W139022