



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2018 JAN 29 AM 11:07

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Kelley Cares LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

746 Ash Street, Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different)

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

Kelley Call

746 Ash Street, Twin Falls, ID 83301

(Name)

(Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:

Kelley Call

746 Ash Street, Twin Falls, ID 83301

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

746 Ash Street, Twin Falls, ID 83301

(Address)

Signature of organizer(s).

Signature: Kelley Call

Printed Name: Kelley Call

Signature: _____

Printed Name: _____

Secretary of State use only

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01/30/2018 05:00

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