



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 DEC -2 PM 4:09

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Boise Area Home Care, LLC

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

3355 N. Five Mile Rd #154 Boise ID 83713-3925

(Street Address)

(Mailing Address, if different than street address)

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

Mike Jackson

(Name)

3355 N. Five Mile Rd #154 Boise ID 83713-3925

(Street Address)

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

Name

Address

Mike Jackson

3355 N. Five Mile Rd #154 Boise ID 83713-3925

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

3355 N. Five Mile Rd #154 Boise ID 83713-3925

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Mike Jackson

Signature

Typed Name:

Secretary of State use only

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12/02/2011 05:00  
CK: 1113 CT: 110214 BH: 1300176  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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