

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 SEP 29 AM 9:26

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

WEST COAST HOME HEALTH LLC

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

5238 S 11TH E, IDAHO FALLS, ID 83404

(Street Address)

(Mailing Address, if different than street address)

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

ROBERT COLLETTE

(Name)

5238 S 11TH E, IDAHO FALLS, ID 83404

(Street Address)

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

NameAddress

ROBERT COLLETTE

5238 S 11TH E, IDAHO FALLS, ID 83404

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

5238 S 11TH E, IDAHO FALLS, ID 83404

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: ROBERT COLLETTE

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

09/29/2014 05:00

CK:47848 CT:96514 BH:1443052

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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