



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 DEC 26 PM 1:13
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Grace Home Assist LLC

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

4356 N Nines Ridge
(Street Address)

Boise Id 83702
(Mailing Address, if different than street address)

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

Linda Hines
(Name)

4356 N Nines Ridge
(Street Address)
Boise Id 83702

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

Linda Hines
Name

4356 N Nines Ridge
Boise Id 83702
Address

Chris Paine Benney
12360 South Essex Way
Nampa Id 83686

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

4356 N. Nines Ridge Boise Id 83702

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

Signature of a manager, member or authorized person.

Signature

Typed Name:

Linda Hines

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
12/26/2012 05:00
CK: 4131 CT: 00046 DH: 1352972
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