		ON FILED EFFECTIV	
	ILITY COMPANY	12 JUN - 5 AM 8: 27	
(Instructions on	back of application)	SECRETARY OF STATI	
1. The name of the limited liabilit	y company is:	STATE OF IDAHO	
	All About Seniors LLC		
2. The complete street and mailir 1079 S Ancona Ave, Ste 110	ng addresses of the initial	designated office:	
(Street Address) Eagle, ID 83616 (Mailing Address, if different than street add	face)		
3. The name and complete street		agent:	
Garold Maxfield		1920 S Mayflower Way Boise, ID 83709	
(Name)	(Street Address)		
4. The name and address of at le company:	ast one member or manag	ger of the limited liability	
Name		Address	
Garold Maxfield	1920 S Mayflower Way	1920 S Mayflower Way Boise, ID 83709	
Ken Sangha	PO Box 9200 Ketchun	PO Box 9200 Ketchum, ID 83340	
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	<u>.                                    </u>	· · · · · · · · · · · · · · · · · · ·	
5. Mailing address for future corre	espondence (annual repor	notices):	
5. Mailing address for future correct 1079 S Ancona Ave, Ste 110 Eagle		notices):	
1079 S Ancona Ave, Ste 110 Eagle	e, ID 83616		
-	e, ID 83616		
1079 S Ancona Ave, Ste 110 Eagle	pptional):		
1079 S Ancona Ave, Ste 110 Eagle 6. Future effective date of filing (c	pptional):		
1079 S Ancona Ave, Ste 110 Eagle 6. Future effective date of filing (o Signature of a manager, membe	pptional):		
1079 S Ancona Ave, Ste 110 Eagle 6. Future effective date of filing (c Signature of a manager, member person.	pptional):		
<u>1079 S Ancona Ave, Ste 110 Eagle</u> 6. Future effective date of filing (c Signature of a manager, member person. Signature <u>Hawld</u> <u>Mufull</u> Typed Name: <u>Garold Maxfield</u>	er or authorized	Secretary of State use only IDAHO SECRETARY OF STATE 96/95/2012 95=0	
<u>1079 S Ancona Ave, Ste 110 Eagle</u> 6. Future effective date of filing (c Signature of a manager, member person. Signature <u>Hawld</u>	a) ID 83616   optional):   er or authorized	Secretary of State use only	