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# 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**

2016 OCT -6 PM 3:21

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Heritage Home Health of Twin Falls, LLC

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

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

1219 Cheney Drive West, Twin Falls, Idaho 83301

(Street Address)

(Mailing Address, if different)

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

Danny Frasure

(Name)

1009 West Quinn Road, Pocatello, Idaho 83202

(Address)

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

Pinnacle Health Services, Inc.

(Name)

1219 Cheney Drive West, Twin Falls, Idaho 83301

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

c/o Heritage Home Health of Twin Falls, LLC, 1219 Cheney Drive West, Twin Falls, Idaho 83301

(Address)

Signature of organizer(s).

Cheyenne Moseley, Assistant

Printed Name: Secretary, LegalZoom.com, Inc.

Signature: CM

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Rev. 08/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

10/06/2016 05:00

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1@ 20.00 = 20.00 EXPEDITE C #3

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