







## STATE OF IDAHO

## Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY **COMPANY**

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0004526571

Date Filed: 12/13/2021 3:28:06 PM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Se descriptions below) | ervice (see Standard (filing fee \$100)   |
|--|---|
| Limited Liability Company Name     Type of Limited Liability Company   | Limited Liability Company   |
| Entity name  | Panhandle Home Health Care LLC  |
| 2. The complete street address of the principal office is:   |   |
| Principal Office Address   | ELIZABETH FABI<br>7000 OLD HWY 2 LOOP<br>MOYIE SPRINGS, ID 83845                                    |
| 3. The mailing address of the principal office is:   |   |
| Mailing Address  | ELIZABETH FABI<br>PO BOX 656<br>MOYIE SPRINGS, ID 83845-0656  |
| 4. Registered Agent Name and Address   |   |
| Registered Agent   | Registered Agent<br>Elizabeth L Fabi<br>Physical Address:<br>ELIZABETH FABI<br>7000 OLD HWY 2 LOOP  |
|  | MOYIE SPRINGS, ID 83845  Mailing Address:  ELIZABETH FABI  PO BOX 656  MOYIE SPRINGS, ID 83845-0656 |
| ☑ I affirm that the registered agent appointed ha  | as consented to serve as registered agent for this entity.  |
| 5. Governors   |   |
| Name   | Address   |
|  | ELIZABETH FABI<br>PO BOX 656<br>MOYIE SPINGS, ID 83845  |
| Signature of Organizer:  |   |
| Elizabeth L Fabi   | 12/13/2021  |
| Sign Here  | Date  |