



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 SEP 16 AM 8:33

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

GeriCare of Idaho, LLC

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

5442 S. Farmhouse Place
(Street Address)

Boise, ID 83716
(Mailing Address, if different than street address)

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

Bernard Michael Berlin
(Name)

5442 S. Farmhouse Place Boise, ID 83716
(Street Address)

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

Bernard Michael Berlin
(Name)

5442 S. Farmhouse Place Boise, ID 83716
(Address)

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

5442 S. Farmhouse Place Boise ID 83716

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Bernard Michael Berlin
Typed Name: Bernard Michael Berlin

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/16/2009 05:00
CK: 1182 CT: 240585 SH: 1187175
1 @ 100.00 = 100.00 ORGAN LLC # 2

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