

Signature: ___

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in duplicate.

2018 APR 30 PM 2: 17

ACADETS BY BUILDING

1.	Sun Valley Hydration UC.		SECRETARY OF STATE STATE OF IDAHO	
2.	The complete street and mailing addresses of the principal office is: 2202 Bonne Vie Condo Dr. Sun Valley, ID 83353 (Street Address) PO Box 1981 Sun Valley, ID 83353			
	(Mailing Address, If different)			
3.	Name and street address of registered agent in Idaho: Ryland Mauck-Duff 2202 Bonne Vie Condo Dr. Sun Valley, ID 83353			
	(Name)	(Address)		
4.	The name and address of at least one governor of the limited liability company: Ryland Mauck-Duff 2202 Bonne Vie Condo Dr. Sun Valley, ID 83353			
	(Name)	(Adaress)		
	(Name)	(Address)		
	(Name)	(Audress)		
5.	Mailing address for future corresponded PO Box 1981 Sun Valley, ID 8):	
	(Address)			
6 .	The limited liability company is a produly licensed or otherwise legally au Nursing	fessional company, and the particles to render profession	orincipal profession of professions for Which members are al services is: 04/30/2018 05:00 CK:17931332 CT:172099 BH:1641201 16 20.00 = 20.00 EXPEDITE C #2	
	Signature of a manager, member Ryland Mauck-Duff nted Name:		Secretary of State use only IDAHO SECRETARY OF STATE 04/30/2018 05:00 EK:162 CT:357092 BH:1641196 16 100.00 = 100.00 PROF LLC #2	
	gnature: AULA M - Def nted Name:	4/27/18	W200560	