

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

11 APR -6 PM 1:35

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the professional limited liability company is:

New Life Nursing P.L.L.C.

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

3302 South Pompei Ave Meridian, ID. 83642

(Street Address)

(Mailing Address, if different than street address)

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

Jennifer Smith

(Name)

3302 South Pompei Ave. Meridian, Id. 83642

(Street Address)

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

Name**Address**

Jennifer Smith

3302 South Pompei Ave. Meridian, Id. 83642

Kyle Smith

3302 South Pompei Ave. Meridian, Id. 83642

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

3302 South Pompei Ave Meridian, ID. 83642

6. Future effective date of filing (optional):

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: Registered Nursing

Signature of a manager, member or authorized person.

Signature

Jennifer Smith

Typed Name: Jennifer Smith

Signature

Kyle Smith

Typed Name: Kyle Smith

Secretary of State use only

IDAHO SECRETARY OF STATE
04/06/2011 05:00
CK: 2830 CT: 257470 BH: 1267969
1 @ 100.00 = 100.00 PROF LLC # 2

W102148