



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 MAY 12 AM 10:30

**SECRETARY OF STATE
STATE OF IDAHO**

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

SpringRidge Assisted Living Facility PLLC

2. The complete street address, and mailing address if different, of the initial designated/ principal office:

2310 Rice Ave., Caldwell, Idaho 83605

3. The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:

United States Corporation Agents, Inc. 943 West Overland Road, Meridian, ID 83642

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

Name

Address

Dale Scott Amick

2310 Rice Ave., Caldwell, Idaho 83605

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

2310 Rice Ave., Caldwell, Idaho 83605

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: _____ Nursing

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature _____

Typed Name: _____ Karla Figueroa

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
05/12/2010 05:00
 CK: 445881 CT: 167623 DN: 1221971
 1 @ 188.00 = 188.00 PROF LLC # 2
 1 @ 28.00 = 28.00 EXPEDITE C # 3

W 93223