

Signature__

Typed Name: __

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application

n) U9 MAR 31 AM 8: 16	Was:
SECRETARY OF STATE	
C STATE OF IDAHO	
e initial designated/principal office:	
ey, ID 83333	
D 83333	
gistered agent:	
) Woodside Blvd. Hailey, ID 83333	
r manager of the limited liability	
Address	
) Woodside Blvd. Hailey, ID 83333	
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al report notices) ; D 83333	
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Secretary of State use only	
TRANS CONCETABLY DE CTOTE	
TROUGH SECRETARY OF STATE	

. The name of the limited liability of	ompany is:	SECRETARY OF STATE STATE OF IDAHO	
	Infinite Care, LLC	OIVIE OF IDAHO	
. The complete street and mailing a	addresses of the initial	designated/principal office:	
· · · · · · · · · · · · · · · · · · ·	oodside Blvd, Hailey, ID 83	• •	
(Street Address)		100 m	
PO (Mailing Address, if different than street address)	Box 4703 Hailey ID 83333		
	•		
The name and complete street ad	idress of the registered	agent:	
Gurmeet Singh	3250 Woods	ide Blvd. Hailey, ID 83333	
(Name)	(Street Address)		
company: <u>Name</u>		Address.	
Name		Address	
Gurmeet Singh	3250 Woods	3250 Woodside Blvd. Hailey, ID 83333	
	<u> </u>		
Mailing address for fixture access	andanas (annual serse	d mallaca).	
Mailing address for future correspondence PO	Box 4703 Hailey ID 83333	rt notices):	
Future effective date of filing (option	onai):		
The state of the s			
gnature of organizer(s). (An organizer is	e a mamhar orie		
ing in behalf of a member or members).	sannennuen, un m		
0 0	g	Secretary of State use only	
gnature (1)	- Company		
ned Name: Gurmeet Singh	, ₽ 5 ,		

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