



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2018 JUN -5 AM 8:26

SECRETARY OF STATE
STATE OF IDAHO

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

Salmon Valley Home Health LLC

2. The complete street and mailing addresses of the principal office is:

404 Courthouse Dr Salmon, ID 83467

(Street Address)

(Mailing Address, if different)

3. Name and street address of registered agent in Idaho:

Amanda Clark

404 Courthouse Dr Salmon, ID 83467

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Cindy Clark

404 Courthouse Dr Salmon, ID 83467

(Name)

(Address)

William Clark

404 Courthouse Dr Salmon, ID 83467

(Name)

(Address)

Amanda Clark

404 Courthouse Dr Salmon, ID 83467

(Name)

(Address)

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

404 Courthouse Dr Salmon, ID 83467

(Address)

6. 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:

Medicine



7. Signature of a manager, member, or an organizer.

Printed Name: **Amanda Clark**

Signature: *Amanda Clark*

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/05/2018 05:00

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