



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2016 MAR 23 AM 8:45

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

AHC of Sunrise, LLC

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

215 N. Whitley Drive, Suite 3, Fruitland, ID 83619

(Street Address)

(Mailing Address, if different than street address)

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

Cindy M Stice

215 N. Whitley Drive, Suite 3, Fruitland, ID 83619

(Name)

(Street Address)

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

Name

Address

Advanced Health Care Corporation

215 N. Whitley Drive, Suite 3, Fruitland, ID 83619

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

215 N. Whitley Drive, Suite 3, Fruitland, ID 83619

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Cindy M Stice

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/23/2016 05:00

CK:12418 CT:225537 BH:1520164
1@ 100.00 = 100.00 ORGAN LLC #4
1@ 20.00 = 20.00 EXPEDITE C #5

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