



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

Senior Assistance of Idaho L.L.C.

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

315 Midvale Ave, Caldwell, Idaho, 83605

(Street Address)

same as street address

(Mailing Address, if different than street address)

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

Lee C. Birch

(Name)

315 Midvale Ave, Caldwell ID,

(Street Address)

83605

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

Name

Lee C. Birch

Address

315 Midvale Ave, Caldwell, ID, 83605

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

315 Midvale Ave., Caldwell, ID, 83605

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Lee C. Birch

Typed Name:

Lee C. Birch

Signature

Typed Name:

Secretary of State use only

W 90692

IDAHO SECRETARY OF STATE
02/17/2010 05:00
CK: 98 CT: 245012 BH: 1208308
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