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CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE** LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JUL 17 PM 4:03

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Professional Care Services LLC

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

9945 W. Bronze St., Boise, Idaho 83709

(Street Address)

(Mailing Address, if different than street address)

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

Mark Jackson Fuller

(Name)

9945 W. Bronze St., Boise, Idaho 83709 (County of Ada)

(Street Address)

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

NameAddress

Mark Jackson Fuller

9945 W. Bronze St., Boise, Idaho 83709

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

9945 W. Bronze St., Boise, Idaho 83709

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

Signature of a manager, member or authorized person.

Signature CM

Typed Name: Cheyenne Moseley, Assistant
Secretary, LegalZoom.com, Inc.

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

07/17/2014 05:00

CK:2067234 CT:172099 BH:1433699

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

cert_org_llc Rev. 07/2010

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