



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE  
06 MAR 29 PM 3:03

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Assisting Hands Home Care - Boise, LLC

2. The street address of the initial registered office is:

5125 Hwy 95 Fruitland, ID 83619

and the name of the initial registered agent at the above address is:

Cline Waddell

3. The mailing address for future correspondence is:

5700 E Franklin Rd Nampa, ID 83687

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
<u>Cline Waddell</u>	<u>5125 Hwy 95 Fruitland, ID 83619</u>
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6. Signature of at least one person responsible for forming the limited liability company:

Signature: Cline Waddell

Typed Name: Cline Waddell

Capacity: Member

Signature:  

Typed Name:  

Capacity:  

Secretary of State use only

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03/29/2006 05:00  
CK: 107 CT: 198644 BH: 946285  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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