CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2013 AUG 29 AM 8: 56

(Instructions on back of application)

1. The name of the limited liability company is:
Northwest Medical Home Health LLC
2. The complete street and mailing addresses of the initial designated office:
(Street Address)
(Mailing Address, if different than street address)
3. The name and complete street address of the registered agent:
Charles Gay 101 Euclinat Ave, Coeurd Altene (Street Address) ID 83814
 The name and address of at least one member or manager of the limited liability company:
Charles Gay 101 E walnut Ave Coard Alone ID Rebekah Gay 101 E walnut Ave Coard Alone ID
101 E Walnut Hive Coeur a Hiene ID
5. Mailing address for future correspondence (annual report notices): 101 E walnut Ave Coeur d Alvene ID 83814
6. Future effective date of filing (optional):
Signature of a manager, member or authorized person.
Signature Secretary of State use only
Typed Name:
Signature Ruly 6 STATE OB/29/2013 05:00
Typed Name: REBEKAH GAY CK: 3879 CT: 286978 BH: 1388839

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