

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 OCT 16 AM 11: 33

SECRETARY OF STATE STATE OF IDAHO

	STATE OF IDAHO
. The name of the limited liability co	ompany is:
He	ritage Home Health LLC
2. The complete street address, and principal office:	mailing address if different, of the initial designated/
422 Idea	alya, Chubbuck, Idaho 83202
 The name of the commercial regis address of the non-commercial reg 	tered agent; or the name and complete street gistered agent:
National Registered Agents, In	nc. 1423 Tyrell Lane Boise, ID 83706 County of Ada
4. The name and address of at least	one member or manager of the limited liability
company:	Address
Pinnacle Health Services Inc.	422 Idealya, Chubbuck, Idaho 83202
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5. Mailing address for future correspo	ondence (annual report notices):
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Future effective date of filing (option)	nai):
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r is acting in behalf of a required, and existing	g, Initial member Secretary of State use only
r members).	of Management of the control of the
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yped Name: Karmelia Fredrick, Legalzoor	TIDAHO SECRETARY OF ST
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