



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2015 DEC 14 AM 9:25

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Crippled Couple Homeplace, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

2677 E. 17th Street, Suite 600, Idaho Falls, ID 83406

(Street Address)

(Mailing Address, if different)

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

Kipp Manwaring

2677 E. 17th St., Ste.600, Idaho Falls, ID 83406

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Steven B. Rhodes

2677 E. 17th St., Ste. 600, Idaho Falls, ID 83406

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

2677 E. 17th Street, Suite 600, Idaho Falls, ID 83406

(Address)

Signature of organizer(s).

Printed Name: **Kipp Manwaring**

Signature: *Kipp Manwaring*

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/14/2015 05:00

CK:1580 CT:179536 BH:1504116
1@ 100.00 = 100.00 ORGAN LLC #2

W159598