Typed Name:

## FILED EFFECTIVE



## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 2011 DEC 22, PH 4: 28

			fall oro:
70	(Instructions on b	ack of application)	SLUBETARY OF LIFTE STATE OF IDAHO
1. The na	ame of the limited liability	company is:	<i>0 in in →</i> ·
	Pr	ovidence Management, LLC	
?. The co	omplete street and mailing W Riverside Drive, Suite 100, B	addresses of the initial de loise, ID 83714	signated/principal office:
(Sireet	Address)	<del></del>	
(Mailing	Address, if different than street address	84)	
. The na	ame and complete street a	address of the registered a	gent:
	n D. Evans		Suite 100, Boise, ID 83714
(Name)		(Street Address)	
. The na		st one member or manage	r of the limited liability
	Name	_	Address
Willan	n D Evans	7761 W Riverside Drive,	Suite 100, Boise, ID 83714
		<del></del>	
		<del></del>	
		<del></del>	
*********	·	<del></del>	
Mailing	address for future corres	pondence (annual report n	otices):
_	V. Riverside Drive, Suite 100, E	• •	040047.
	7. 147018889 151170, Callo 150, C	101901 12 001 17	
Entre	effective date of filing (op	ional):	
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at OUI I.	11 6	7	Secretary of State use only
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	ne: William D Evans		
			IDAHO SECRETARY OF STATE
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