







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY **COMPANY**

Idaho Secretary of State PO Box 83720

Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0004462287

Date Filed: 10/27/2021 5:18:19 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below)		Standard (filing fee \$100)	
1. Limited Liability Company Name			
Type of Limited Liability Company		Professional Limited Liability Co	mpany
Entity name		Rooted Home Healthcare PLLC	
Profession			
The business is organized to practice the profession of:		Nursing	
2. The complete street address of the principal o	fice is:		
Principal Office Address		10088 MAPLE STREET	
		HAYDEN, ID 83835	
3. The mailing address of the principal office is:			
Mailing Address		BROOKE KANE	
		10088 N MAPLE ST HAYDEN, ID 83835-9226	
		TIATBEN, ID 00000-0220	
4. Registered Agent Name and Address		5	
Registered Agent		Registered Agent Brooke Kane	
		Physical Address:	
		10088 MAPLE STREET	
		HAYDEN, ID 83835	
		Mailing Address: 10088 N MAPLE ST	
		HAYDEN, ID 83835-9226	
I affirm that the registered agent	appointed has consented to	o serve as registered agent for this e	ntity.
Name		Address	
Brooke Kane		BROOKE KANE 10088 MAPLE STREET HAYDEN, ID 83835	
Signature of Organizer:			
Brooke Kane			10/27/2021