





## 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 #: 0004113639

Date Filed: 1/3/2021 2:59:14 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Servi descriptions below)	ice (see Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Sunrise Social Services LLC
The complete street address of the principal office is:     Principal Office Address	410 S. PINEWOOD DR. POST FALLS, ID 83854
3. The mailing address of the principal office is:	
Mailing Address	410 S PINEWOOD DR POST FALLS, ID 83854-7934
Registered Agent Name and Address	
Registered Agent	Registered Agent
	Jessica R Anthony Physical Address:
	410 S. PINEWOOD DR.
	POST FALLS, ID 83854
	Mailing Address:
	410 S PINEWOOD DR POST FALLS, ID 83854-7934
☐ I affirm that the registered agent appointed has constructed.      ☐ I affirm that the registered agent appointed has constructed.      ☐ I affirm that the registered agent appointed has constructed.      ☐ I affirm that the registered agent appointed has constructed.      ☐ I affirm that the registered agent appointed has constructed.      ☐ I affirm that the registered agent appointed has constructed.      ☐ I affirm that the registered agent appointed has constructed.      ☐ I affirm that the registered agent appointed has constructed.      ☐ I affirm that the registered agent appointed has constructed.      ☐ I affirm that the registered agent appointed has constructed.      ☐ I affirm that the registered agent appointed has constructed.      ☐ I affirm that the registered agent appointed has constructed.      ☐ I affirm that the registered agent appointed has constructed.      ☐ I affirm that the registered agent appointed has constructed.      ☐ I affirm that the registered agent agent agent appointed has constructed.      ☐ I affirm that the registered agent	consented to serve as registered agent for this entity.
Name	Address
Jessica R Anthony	410 S. PINEWOOD DR. POST FALLS, ID 83854
	1 001 1 ALLO, ID 00004
	T COT TALLS, ID 03034
Signature of Organizer:  Jessica R Anthony	01/03/2021