



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 JAN -4 AM 8:30

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Devin's Home Care LLC

2. The complete street and mailing addresses of the initial designated/principal office:

221 W Main, Suite 5, Grangeville, ID 83530

(Street Address)

(Mailing Address, if different than street address)

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

Eddy Devin

(Name)

340 Cove Road, Grangeville, ID 83530

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name**Address**

Eddy Devin

340 Cove Road, Grangeville, ID 83530

Beth Keeler

340 Cove Road, Grangeville, ID 83530

Mike Devin

1817 12th Ave, Lewiston, ID 83530

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

221 W Main, Suite 5, Grangeville, ID 83530

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name: Eddy Devin, Manager

Signature

Typed Name: Beth Keeler, Manager

Secretary of State use only

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Revised 07/2008IDAHO SECRETARY OF STATE
01/04/2010 05:00
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