



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code

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

Complete and submit the application in duplicate.

2016 AUG 12 AM 9:00

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

BRiO Idaho Hospice 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:

3854 Stein Creek, Idaho Falls ID 83401

(Street Address)

(Mailing Address, if different)

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

Brandon Taylor

275 Harvard Ave Rexburg ID 83440

(Name)

(Address cannot be a post office box or postal mail box)

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

Brandon Taylor

14303 South Side Hill Ln, Draper UT 84020

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

11762 South State St ste 350, Draper UT 84020

(Address)

Signature of organizer(s).

Signature: 

Printed Name: Brandon Taylor

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/12/2016 05:00

CK:5369 CT:327814 BH:1541709
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