



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 FEB 25 PM 3:47

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Serenity Hospice and Palliative Care, LLC.

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

1305 W. Hawk Ct., Nampa, ID 83651
(Street Address)

(Mailing Address, if different than street address)

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

Nicole R. Deviney
(Name)

1305 W. Hawk Ct., Nampa, ID 83651
(Street Address)

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

Name	Address
<u>Nicole R. Deviney</u>	<u>1305 W. Hawk Ct., Nampa, ID 83651</u>
_____	_____
_____	_____
_____	_____

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

1305 W. Hawk Ct., Nampa, ID 83651

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Nicole R. Deviney

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/25/2015 05:00

CK:2296 CT:306910 BH:1463448
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