



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**  
2013 NOV -6 AM 9:08

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Still Nursing *L.L.C.*

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

12000 New Hope Rd Star, Idaho 83669

(Street Address)

(Mailing Address, if different than street address)

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

Carla Anne Still

(Name)

12000 New Hope Rd Star, Idaho 83669

(Street Address)

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

**Name**

**Address**

Carla Still

12000 New Hope Rd Star, Idaho 83669

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

12000 New Hope Rd Star, Idaho 83669

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature *Carla Anne Still*  
Carla Anne Still

Typed Name: Carla Anne Still

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
11/06/2013 05:00  
CK: 2963 CT: 289487 BH: 1396925  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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