

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Base Filing fee: \$100.00 typed, \$120 not typed Complete and submit the application in duplicate.

2018 SEP 25 PM 2: 23

SECRETARY OF STATE

		STATE OF IDAMU
The name of the limited liability	company is:	
Gabbys Caring Agency LLC		
(Remember to include the word	ds "Limited Liability Company," "Limite	ed Company, "or the abbreviations L.L.C., LLC, or LC)
The complete street and mailing	addresses of the principal	office is:
629 Hwy 78 Hammett, ID 836		01100 10.
(Street Address)		
(Mailing Address, if different)		
The name and complete street a	address of the registered ac	ent:
Gabriela Montelongo	629 Hwy 78 Hammett, ID 83627	
(Name)	(Address)	
(Name)	(Address) (Address)	
(Name)	(Address)	
(Name)	(Address)	
Mailing address for future corres	spondence (annual report n	otices):
629 Hwy 78 Hamett, ID 8362		•
(Address)		
ature of organizer(s).		
ted Name: Gabriela Montelong	0	Secretary of State use only
Out of the state o		Third decorming or during

09/25/2018 05:00

CK:1744 CT:364042 BH:1666080 16 100.00 = 100.00 ORGAN LLC #2 10 20.00 = 20.00 EXPEDITE C #3

W 209330

Signature:

Printed Name:

Signature:

Rev. 01/2016