

251



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

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

Complete and submit the application in duplicate.**FILED EFFECTIVE**

2016 JUN 29 AM 8:08

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

T Moore Nursing Services LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations LLC, L.L.C., or L.C.)

2. The complete street and mailing addresses of the principal office is:

1500 Mountain Shadow Dr Pocatello ID 83204

(Street Address)

(Mailing Address, if different)

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

Virgil Larson

890 Dell Rd Chubbuck ID 83202

(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:

Tamara L Moore

1500 Mountain Shadow Dr Pocatello ID 83204

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

890 Dell Rd Chubbuck ID 83202

(Address)

Signature of organizer(s).

Signature:

Printed Name:

Tamara L Moore

Signature:

Printed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

06/29/2016 05:00

CK:3988068 CT:172099 BH:1535483

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