



CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE** LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 APR 19 AM 8:01

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Senior Services of Idaho, L.L.C.

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

635 W Cedar Pointe Nampa, Id 83686

(Street Address)

(Mailing Address, if different than street address)

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

Adam Hill

(Name)

635 W Cedar Pointe Nampa, Id 83686

(Street Address)

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

Name

Address

Adam Hill

635 W Cedar Pointe Nampa, Id 83686

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

635 W Cedar Pointe Nampa, Id 83686

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Adam Hill

Typed Name: Adam Hill

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/19/2011 05:00
CK: 2888 CT: 257922 BH: 1269874
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