

LIMITED LIABILITY COMPANY FILED/EFFECTIVE ARTICLES OF ORGANIZATION

(Instructions on back of application)

APR 18 | 26 PH '01

1.	The name of the limited liability company	is: Senior (SECRETARS A STATE Concierge Servismation.CARD
2.	The address of the initial registered office is: 1316 Grant Ave.Boise, Id. 83706		
	agent at that address is:Elizabeth O'	Neill	and the name of the initial registered
3.	The mailing address for future correspondence: 1316 Grant Ave.Boise, Id.83706		
4.	Management of the limited liability company will be vested in: Manager(s) or Member(s). (please check the appropriate box)		
5.	If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the members, list the name(s) and address(es) of at least one initial member. Name Address		
	Elizabeth O'Neill	1	316 Grant Ave.Boise,Id.83706
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	Signature of at least one person responsible for forming the limited liability company:		
	Signature September O'Noill		
	Typed Name Elezabeth O'Neill		IDAMO SECRETARY OF STATE Secretary of State dise only
	Capacity Sole Owner	ganizat	04/19/2001 09:00 CK: CASH CT: 145226 BH: 391959
	Signature	artsofon 01/200	1 2 100.90 = 100.90 ORGAN LLC # 2
	Typed Name	formsk	
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