



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE
11 MAR 10 PM 1:30

(Instructions on back of application)

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the professional limited liability company is:

Seasons Care Management, P.L.L.C.

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

4821 Wylie Ln Boise, Id 83703
 (Street Address)

Same
 (Mailing Address, if different than street address)

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

Julie Robinson 4821 Wylie Ln Boise, Id 83703
 (Name) (Street Address)

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

Name	Address
<u>Rich Robinson</u>	<u>4821 Wylie Ln Boise, Id 83703</u>
<u>Julie K. Robinson</u>	<u>4821 Wylie Ln Boise, Id 83703</u>
_____	_____
_____	_____

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

4821 Wylie Ln Boise, Id 83703

6. Future effective date of filing (optional): N/A

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: Social Work

Signature of a manager, member or authorized person.

 Signature Julie K. Robinson

 Typed Name: Julie K. Robinson

 Signature Rich Robinson

 Typed Name: Rich Robinson

Secretary of State use only

 IDAHO SECRETARY OF STATE
 03/10/2011 05:00
 CK: 1545 CT: 256397 BH: 1263693
 1 @ 100.00 = 100.00 PROF LLC # 2

W101358