



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

08 JUL 23 AM 8:51

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

The Good Samaritans LLC

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

2034 Addison Ave East

(Street Address)

Twin Falls Idaho 83301

(Mailing Address, if different than street address)

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

Penelope Parker

(Name)

2034 Addison Ave East Twin Falls Idaho 83301

(Street Address)

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

Name

Penelope Parker

Address

2034 Addison Ave East Twin Falls Idaho 83301

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

2034 Addison Ave East Twin Falls Idaho 83301

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is
acting in behalf of a member or members).

Signature P. Parker

Typed Name: Penelope Parker

Signature _____

Typed Name: _____

Secretary of State use only

g:\icor\forms\LLC\forms\st\org_llc_pkd
Revised 07/20/08

IDAHO SECRETARY OF STATE
07/23/2008 05:00
CK: 3177 CT: 184945 BH: 1128330
1 @ 100.00 = 100.00 ORGAN LLC # 2

W76274