





STATE OF IDAHO

Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

File #: 0004430536

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Certificate of Organization Limited Liability Co Select one: Standard, Expedited of descriptions below)		Standard (filing fee \$100)	
1. Limited Liability Company Name			
Type of Limited Liability Company		Limited Liability Company	
Entity name		ALHealthcare L.L.C.	
2. The complete street address of the principa	al office is:		
Principal Office Address		239 WINGEDFOOT PLACE EAGLE, ID 83616	
3. The mailing address of the principal office i	s:		
Mailing Address		239 WINGED FOOT PL EAGLE, ID 83616-5265	
4. Registered Agent Name and Address			
Registered Agent		Registered Agent	
		Jamie Drake Physical Address:	
		239 WINGEDFOOT PLACE	
		EAGLE, ID 83616	
		Mailing Address:	
		239 WINGED FOOT PL EAGLE, ID 83616-5265	
I affirm that the registered age	nt appointed has consented to	o serve as registered agent for this en	tity.
Name		Address	
Jamie Drake		239 WINGEDFOOT PLACE EAGLE, ID 83616	
Samie Diake	L/(OLL, ID 00010		
Signature of Organizer:	ENGLE, ID 63616		
	ENGLE, ID 63616		09/29/2021