



CERTIFICATE OF ORGANIZATION LED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JAN 22 PM 1:29

1. The name of the limited liability company is:

Eagle Hospice House LLC

SECRETARY OF STATE
STATE OF IDAHO

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

600 E. State St., Suite 300, Eagle, ID 83616

(Street Address)

(Mailing Address, if different than street address)

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

Laurie K. Campbell

600 E. State St., Suite 300, Eagle, ID 83616

(Name)

(Street Address)

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

Name

Laurie K. Campbell

Address

600 E. State St., Suite 300, Eagle, ID 83616

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

600 E. State St., Suite 300, Eagle, ID 83616

6. Future effective date of filing (optional):

January 22, 2010

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

Signature

Typed Name:

Laurie K. Campbell

Secretary of State use only

Signature

Typed Name:

LLC Form 100-1000
Rev. 07/2008

IDAHO SECRETARY OF STATE
01/22/2010 05:00
CK: 1651 CT: 244166 BH: 1204698
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