



CERTIFICATE OF ORGANIZATION FOR EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JAN 22 PM 1:29

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Eagle Hospice House LLC

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

(Name)

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

(Street Address)

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

Name

Address

Laurie K. Campbell

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

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

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