



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**  
11 AUG 29 AM 9:18

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Healthy Care Solutions, LLC

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

2475 S. Ammon Rd. #101, Ammon, ID 83406

(Street Address)

P O Box 3858, Idaho Falls, ID 83403

(Mailing Address, if different than street address)

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

Michelle Havens

(Name)

9671 N 5th E, Idaho Falls, ID 83401

(Street Address)

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

**Name**

**Address**

Michelle Havens

9671 N. 5th E., Idaho Falls, ID 83401

Deborah Rawlings

590 Ruth Ave, Idaho Falls, ID 83401

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

P O Box 3858, Idaho Falls, ID 83403

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name:

Deborah Rawlings

Signature

Typed Name:

Michelle Havens

Secretary of State use only

IDAHO SECRETARY OF STATE  
08/29/2011 05:00  
CK: 1003 CT: 261941 BH: 1288219  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

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