

## CERTIFICATE OF ORGANIZATION



H	(Instructions on back	k of application	)	
1.	The name of the limited liability co	mpany is:		- William
	Renaissance Elder Care, LLC			" <i>1</i> C
<b>2</b> . '	The complete street and mailing addresses of the initial designated office:			
	1387 Cambridge Drive, Idaho Falls, Idaho 83401			
	(Street Address) PO Box 1687, Idaho Falis, Idaho 83403			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Michael Smedley	1387 Cambridge Drive, Idaho Falls, Idaho 83401		ho 83401
	(Name)	(Street Address)		
	<u>Name</u> Michael Smedley	<u>Address</u> PO Box 1687, Idaho Falls, Idaho 83403		<b>.</b>
+	company:	Address		
		·		
	Adam Wright	PO Box 1687, Idaho Falls, Idaho 83403		-
5.	Mailing address for future correspondence (annual report notices): PO Box 1687, Idaho Falls, Idaho 83403			
	PO BOX 1067, Idano Fails, Idano 63403			
6.	Future effective date of filing (optio	onal):		
•	, (			
Sigr pers	nature of a manager, member o	r authorized		
P-010			Secretary of S	tate use only
Sigr	nature Michael Touch			
Гур	ed Name: Michael Smedley			
	<u> </u>		Thauñ G	CODETABY OF STATE

IDAHO SECRETARY UF STRIE

04/24/2013 05=00

CK: 1429 CT: 261811 BH: 1378894

1 8 190.00 = 180.00 ORGAN LLC # 2

1 8 20.00 = 28.00 EXPEDITE C # 3

W 124547

Signature\_

Typed Name: \_\_