



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 DEC 28 PM 12:06

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ASSOCIATED CAREGIVERS OF AMERICA, LLC

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

3355 N. FIVE MILE RD. BOISE ID 83713
(Street Address)

(Mailing Address, if different than street address)

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

BRADLEY UNCK
(Name)

1800 N. COLE RD. BOISE ID 83704
(Street Address) #J705

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

BRADLEY UNCK
Name

1800 N. COLE RD. BOISE ID 83704
Address
#J705

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

3355 N. FIVE MILE RD. BOISE ID 83713

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Bradley Unck
Typed Name: Bradley Unck

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/28/2011 05:00
CK: CASH CT: 265383 BH: 1383493
1 @ 100.00 = 100.00 ORGAN LLC # 2

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