



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE  
2012 OCT 26 AM 9:13  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Senior Care Resource, LLC

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

1021 W. Hawaii Ave Nampa, Id. 83686

(Street Address)

(Mailing Address, if different than street address)

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

Lisa Thompson

(Name)

1021 W. Hawaii Ave, Nampa Id  
83686

(Street Address)

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

**Name**

**Address**

Lisa Thompson

Same

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

Same

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Lisa Thompson

Typed Name:

Lisa Thompson

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/26/2012 05:00  
CK: 1849 CT: 275637 BH: 1345225  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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