



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 SEP -9 PH 3:48

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Aging Gracefully Assisted Living L.L.C.

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

3989 E. Winterberry Dr. Nampa, ID 83687

(Street Address)

3989 E. Winterberry Dr. Nampa, ID 83687

(Mailing Address, if different than street address)

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

Daniela Retegan

(Name)

3989 E. Winterberry Dr. Nampa, ID 83687

(Street Address)

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

**Name**

**Address**

Daniela Retegan

3989 E. Winterberry Dr. Nampa, ID 83687

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

3989 E. Winterberry Dr. Nampa, ID 83687

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Daniela Retegan

Typed Name: Daniela Retegan

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
09/09/2010 05:00  
CK: 1298 CT: 251102 BH: 1238266  
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