



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 JAN 10 PM 4:07
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

INTELECARE SOLUTIONS, LLC

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

1918 N. 12th Street, Boise, Idaho 83702

(Street Address)

Same as above.

(Mailing Address, if different than street address)

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

National Registered Agents, Inc.

(Name)

1423 Tyrell Lane, Boise, Idaho 83706

(Street Address)

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

Name

Address

Andrew Southard

2458 N. Bogus Basin Road, Boise, Idaho 83702

Chris Wyatt

419 E. Highland View Drive, Boise, Idaho 83702

Jason Quinn

1918 N. 12th Street, Boise, Idaho 83702

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

1918 N. 12th Street, Boise, Idaho 83702

6. Future effective date of filing (optional): N/A

Signature of a manager, member or authorized person.

Signature

Typed Name: Jason Quinn, Managing Member

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/10/2013 05:00
CK: 4226 CT: 143038 BH: 1355287
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