



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

STATE OF IDAHO

1. The name of the limited liability company is:

Legacy Hospice Care, LLC

2. The street address of the initial registered office is:

680 South Progress Avenue, Suite 7, Meridian, ID 83642

and the name of the initial registered agent at the above address is:

R. Wayde Sondrup

3. The mailing address for future correspondence is:

680 South Progress Avenue, Suite 7, Meridian, ID 83642

4. Management of the limited liability company will be vested in:

Manager(s) or Member(s) (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

| Name | Address |
|----------------------------------|---|
| <u>Home Care Investments, LC</u> | <u>3626 Pecos Mc Cloud, #1, Las Vegas, NV 89121</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

6. Signature of at least one person responsible for forming the limited liability company:

Signature:

Typed Name: Dennis M. Astill

Capacity: Organizer

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

W31210

IDAHO SECRETARY OF STATE
06/11/2004 05:00
CK: 102232 CT: 07612 BH: 749905
I @ 100.00 = 100.00 ORGAN LLC # 2

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Revised 07/2002

FILED EFFECTIVE

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SECRETARY OF STATE