



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2015 SEP -3 PM 1:15

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

Henderson RP SNF, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., L.L.O., or L.O.)

2. The complete street and mailing addresses of the principal office is:

215 N Whitley Drive Suite 1 Fruitland, Idaho 83619

(Street Address)

(Mailing Address, if different)

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

Advanced Health Care Corporation 215 N Whitley Drive Suite 1 Fruitland, Idaho 83619

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Advanced Health Care Corporation 215 N Whitley Drive Suite 1 Fruitland, Idaho 83619

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

215 N Whitley Drive Suite 1 Fruitland, Idaho 83619

(Address)

Signature of organizer(s).

Printed Name: Joseph B. Walker, Jr.

Signature:

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/03/2015 05:00

CK:1038 CT:314192 BH:1490882

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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