



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED**  
MAY 11 1999  
BOISE

1. The name of the limited liability company is: RAINY DAY CHILD & FAMILY CARE  
RESOURCES, LC
2. The address of the initial registered office is: 4745 CASTLE HILLS AVE.  
BOISE, ID 83703 and the name of the initial registered agent at that address is: SHEILA R. HOMEYER

Signature of registered agent : \_\_\_\_\_

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

Manager(s) ☐ or Member(s) ☒. (please check the appropriate box)

4. 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 members, list the name(s) and address(es) of at least one initial member.

| <u>Name</u>                 | <u>Address</u>                |
|-----------------------------|-------------------------------|
| <u>SHEILA RENEE HOMEYER</u> | <u>4745 CASTLE HILLS AVE.</u> |
| _____                       | <u>BOISE, ID 83703</u>        |
| <u>NANCYE LANE WALTON</u>   | <u>4000 KILARNEY DRIVE</u>    |
| _____                       | <u>BOISE, ID 83704</u>        |
| _____                       | _____                         |
| _____                       | _____                         |

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

NANCYE LANE WALTON  
*Nancy Lane Walton*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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