







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY **COMPANY**

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0004010072

Date Filed: 9/23/2020 11:08:58 AM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same I descriptions below)	Day Service (see	Standard (filing fee \$100)	
1. Limited Liability Company Name			
Type of Limited Liability Company		Limited Liability Company	
Entity name		At Home Medical Providers LI	LC
2. The complete street address of the principal office is:			
Principal Office Address		39 W PINE AVE	
		B20 MEDIDIAN ID 92646	
		MERIDIAN, ID 83646	
3. The mailing address of the principal office is:			
Mailing Address		39 W PINE AVE	
		STE B20 MERIDIAN, ID 83642-2412	
		MENIDIAN, ID 03042-2412	
4. Registered Agent Name and Address			
Registered Agent		Registered Agent	
		DANIEL ALLEN Physical Address:	
		39 W PINE AVE	
		B20	
		MERIDIAN, ID 83646	
		Mailing Address: 39 W PINE AVE	
		STE B20	
		MERIDIAN, ID 83642-2412	
★ I affirm that the registered agent appoint	ited has consented t	o serve as registered agent for this	s entity.
5. Governors			
Name		Address	
DANIEL ALLEN	39 W PINE AV	Æ	
	STE B20 MERIDIAN, ID	83642-2412	
Signature of Organizer:			
			09/23/2020
Dan Allen			03/23/2020