



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2014 FEB 12 PM 3:39

 SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the professional limited liability company is:

Geriatric Care Consultants, PLLC

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

12320 North Upper Ridge Place, Boise, ID 83714

(Street Address)

(Mailing Address, if different than street address)

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

Allan R. Bosch

(Name)

205 North 10th Street, Fourth Floor, Boise, ID 83702

(Street Address)

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

Name**Address**
Tamara A. Avella
12320 North Upper Ridge Place, Boise, ID 83714

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

PO Box 2598, Boise, ID 83701-2598

6. Future effective date of filing (optional): _____

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: Social Worker

Signature of a manager, member or authorized person.

Signature

 Typed Name: Allan R. Bosch

Signature

Typed Name: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
 02/12/2014 05:00
 CK: 19182 CT: 14917 BH: 1418397
 1 @ 100.00 = 100.00 PROF LLC # 2

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