



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

# ORIGINAL

2007 FEB 12 AM 9:19

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Inland Northwest Caregivers, LLC

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

1090 Forsythia Street, Post Falls, Idaho 83854

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

Teresa Lay

3. The mailing address for future correspondence is:

1090 Forsythia Street, Post Falls, Idaho 83854

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>Teresa Lay</u>	<u>1090 Forsythia Street, Post Falls, Idaho 83854</u>
<u>Toni Weakly</u>	<u>3408 N. 6th St., Coeur d'Alene, Idaho 83815</u>
_____	_____
_____	_____
_____	_____

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

Signature: *Teresa S. Lay*  
Typed Name: Teresa Lay  
Capacity: Member

Signature: *Toni Weakly*  
Typed Name: Toni Weakly  
Capacity: Member

Secretary of State use only

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Revised 07/2002

IDAHO SECRETARY OF STATE  
02/12/2007 05:00  
CK: 3416 CT: 149008 BH: 1032188  
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