



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 OCT -5 AM 10:29

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
Compassion care Home Health and Hospice L.L.C.

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

2. The complete street and mailing addresses of the principal office is:
912 W. Greenhurst Rd. Nampa Id. 83686

(Street Address)

(Mailing Address, if different)

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

Margareta Mangeac

912 W. Greenhurst Rd. Nampa Id. 83686

(Name)

(Address)

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

Margareta Mangeac

912 W. Greenhurst Rd. Nampa Id. 83686

(Name)

(Address)

Philip Mangeac

912 W. Greenhurst Rd. Nampa Id. 83686

(Name)

(Address)

(Name)

(Address)

(Name) -

(Address)

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

912 W. Greenhurst Rd. Nampa Id. 83686

(Address)

Signature of organizer(s).

Printed Name: Margareta Mangeac

Signature:

Printed Name:

MARGARETA MANGEAC

Signature:

Secretary of State use only

IDAHO SECRETARY OF STATE

10/05/2015 05:00

CK: 3260494 CT: 172099 BH: 1494943

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