



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

2017 AUG 28 AM 9:45

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

NPhalanx Home Care LLC

(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:

1201 Falls Ave, Suite 25 Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different)

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

Nobin Subedi

2140 Elizabeth Blvd Apt 21A Twin Falls, ID 83301

(Name)

(Address cannot be a post office box or postal mail box)

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

Mona Rath Pokhrel

1696 Skyline Drive Apt 10 Pittsburgh, PA 15227

(Name)

(Address)

Nobin Subedi

2140 Elizabeth Blvd Apt 21A Twin Falls, ID 83301

(Name)

(Address)

Om Timsina

1549 Tretter Drive Pittsburgh, PA 15227

(Name)

(Address)

Shyamu Sharma-Subeti

2162 Fitzroy Drive Apt 17 Columbus, OH 43224

(Name)

(Address)

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

2140 Elizabeth Blvd Apt 21A Twin Falls, ID 83301

(Address)

Signature of organizer(s).

Signature: _____

Printed Name: Nobin Subedi

Signature: _____

Printed Name: Mona Rath Pokhrel

Secretary of State use only

IDAHO SECRETARY OF STATE

08/28/2017 05:00

CK:139 CT:344765 BH:1600106

1@ 100.00 = 100.00 ORGAN LLC #2

WL88297