



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 APR 15 AM 11:51

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

All Care Palliative Care, LLC

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

815 S. Bridgeway Pl., Suite 122 Eagle, ID 83616

(Street Address)

Same As Above

(Mailing Address, if different than street address)

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

Angela Hilleshien

(Name)

815 S. Bridgeway Pl., Suite 122 Eagle, ID 83616

(Street Address)

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

Name

Address

Angela Hilleshien

815 S. Bridgeway Pl., Suite 122 Eagle, ID 83616

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

815 S. Bridgeway Pl., Suite 122 Eagle, ID 83616

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Angela Hilleshien

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

04/15/2015 05:00

CK:2752900 CT:172099 BH:1471044

1@ 100.00 = 100.00 ORGAN LLC #2

W150459