



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 NOV 10 AM 9:22

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

The Anchorage Care Management, LLC

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

1830 N. Palmer Lane, Eagle, ID 83616

(Street Address)

P.O. Box 1321, Eagle, ID 83616

(Mailing Address, if different than street address)

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

Lynne E. Smith

(Name)

1830 N. Palmer Lane, Eagle, ID 83616

(Street Address)

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

Name

Address

Lynne E. Smith

1830 N. Palmer Lane/PO Box 1321, Eagle, ID 83616

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

P.O. Box 1321, Eagle, ID 83616

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

Signature of a manager, member or authorized person.

Signature

Lynne E. Smith

Typed Name: Lynne E. Smith

Signature

Typed Name:

Secretary of State use only
IDAHO SECRETARY OF STATE

11/10/2014 05:00

CK: 6256 CT: 303031 BH: 1448717

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