



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2013 FEB 14 AM 9:35
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Care Connection Adult Day Services, LLC

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

514 Thain Road, Suite B Lewiston, ID 83501

(Street Address)

(Mailing Address, if different than street address)

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

Linda K. Weiss

(Name)

1425 Powers Avenue Lewiston, ID 83501

(Street Address)

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

Name

Address

Linda K. Weiss

1425 Powers Ave. Lewiston, ID 83501

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

1425 Powers Ave. Lewiston, ID 83501

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Linda K. Weiss

Typed Name: Linda K. Weiss

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
02/14/2013 05:00
CK: 916 CT: 279402 BH: 1360214
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W121975