

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

1. The name of the limited liability company is: Hospice Review Committee LLC 2. The complete street and mailing addresses of the initial designated office: 2575 N Tanglerose PL Eagle ID 83816 (Sheet Address) 3. The name and complete street address of the registered agent: (Rame) (Sheet Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address Leonard Jensen 2575 N Tanglerose PL Eagle ID 83616 Tom Rich 4635 W Saguro Eagle ID 83616 Robb Rich 3680 Collegiate Way New Franken WI 54229 5. Mailing address for future correspondence (annual report notices): 2575 N Tanglerose PL Eagle ID 83616 6. Future effective date of filing (optional): Signature Of a manager member or authorized person. Signature Signature Signature Signature Signature Signature Signature		CIVITED LIABILITY COMPANY		201	2013 SEP -9 PM 4		
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2. The complete street and mailing addresses of the initial designated office: 2575 N Tanglerose PL Eagle ID 83818 (Street Address) (Metting Address, if different than street address) 3. The name and complete street address of the registered agent: (SALINC CORPORATE SERVICES INC. 950 BANNOCK STREET BOISE, ID 83702 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address Leonard Jensen 2575 N Tanglerose PL Eagle ID 83616 Tom Rich 4635 W Saguro Eagle ID 83616 Robb Rich 3680 Collegiate Way New Franken WI 54229 5. Mailing address for future correspondence (annual report notices): 2575 N Tanglerose PL Eagle ID 83616 6. Future effective date of filing (optional): Signature Of a manager merpher or authorized person. Signature Secretary of State use only Signature Signature	1.	The name of the limited liability company is:			STATE (F IDAHO	
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