



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

10 JAN 12 PM 3:45

1. The name of the limited liability company is:

SECRETARY OF STATE
STATE OF IDAHO

TIME FOR CARE, LLC.

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

5041 N. ABERDEEN PLACE, MERIDIAN, ID 83646
(Street Address)

Same
(Mailing Address, if different than street address)

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

Mike C. Shosted
(Name)

5041 N. ABERDEEN PL. MERIDIAN ID 83646
(Street Address)

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

Name	Address
<u>Mike C. Shosted</u>	<u>5041 N. ABERDEEN PL. MERIDIAN ID 83646</u>
_____	_____
_____	_____
_____	_____

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

5041 N. ABERDEEN PL. MERIDIAN ID 83646

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Mike C. Shosted

Typed Name: Mike C. Shosted

Signature _____

Typed Name: _____

Secretary of State use only

W 89726

IDAHO SECRETARY OF STATE
01/12/2010 05:00
CK: 179 CT: 243089 BH: 1203128
1 @ 100.00 = 100.00 ORGAN LLC # 2