



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

2015 SEP -8 AM 9:47

Complete and submit the application in duplicate.

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Casey Cares LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C. or L.L.P.)

2. The complete street and mailing addresses of the principal office is:

354 Autumn Way, American Falls, Idaho 83211

(Principal Office Address)

(Principal Office Address)

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

Casey Moore

354 Autumn Way, American Falls Idaho 83211

(Address)

(Address)

4. The name and address of at least one governor of the limited liability company:

Casey Moore

354 Autumn Way, American Falls Idaho 83211

(Address)

(Address)

(Address)

(Address)

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

354 Autumn Way, American Falls Idaho 83211

(Address)

Signature of organizer(s).

Printed Name: Casey Moore

Signature: Casey Moore

Printed Name: _____

Signature: _____

Secretary of State use only

IDAMO SECRETARY OF STATE

09/08/2015 05:00

CK:626 CT:314277 BH:1491278
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