

"EXP" NOV 15 2004



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DOCS. SUBJECT TO REVIEW.

FILE NO. 21164446-8

ARTICLES OF ORGANIZATION
OF
SHILOH ADULT CARE, LLC

Pursuant to A.R.S. § 29-632, the undersigned states as follows:

1. The name of the limited liability company is Shiloh Adult Care, LLC
2. The address of the registered office of the limited liability company in Arizona is ., 5336 N. Long Rifle Rd., Prescott Valley, AZ 86314
- ~~3. The statutory agent's name and address is the Law Office of Robert J. Launders, P.C., 3100 N. Navajo Dr., Ste. B3, Prescott Valley, Arizona, 86314.~~
4. Management of the limited liability company is reserved to the members.
5. The name and mailing address of each person who is a Member at the time of formation of the limited liability company is:

William A. Trader
5336 N. Long Rifle Rd.,
Prescott Valley, AZ 86314

Starlene R. Trader
5336 N. Long Rifle Rd.,
Prescott Valley, AZ 86314

Signed Starlene R. Trader Date 11-9-04
Starlene R. Trader

Law Office of Robert J. Launders, P.C. having been designated to act as Statutory Agent, hereby consents to act in that capacity until removed or resignation is submitted in accordance with the Arizona Revised Statutes.

Law Office of Robert J. Launders, P.C.

By: Robert J. Launders
Robert J. Launders

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8500
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Law Office of Robert J. Launders, P.C.

3100 North Navajo Drive, Suite #B-3

Prescott Valley, AZ 86314

Telephone: (928) 775-5409

Fax: (928) 775-6341

E-mail: Launders@prodigy.net

November 10, 2004

Arizona Corporate Commission
1300 West Washington
Phoenix, AZ 85007-2929

Re: Articles of Organization of Shiloh Adult Care, LLC

To Whom It May Concern:

Enclosed are:

1. Original and one (1) copy of Articles of Organization of Shiloh Adult Care, LLC;
2. Submission Cover Sheet;
3. Check in the amount of \$85.00, and
4. One (1) self-address stamped return envelope.

Please file the original and return a conformed copy in the envelope provided. In addition, we have requested that you fax the filed Articles of Organization to us at (928) 775-6341.

Thank you for your help.

Very truly yours,

Law Office of Robert J. Launders, P.C.

By: 

Dawna J. Gaefcke

RJL/dg
Enclosures

**ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION
SUBMISSION COVER SHEET**

THIS DOCUMENT SUBJECT TO PUBLIC RECORD - Important: use a separate cover sheet for each document

Regarding (Name/proposed name for Corp./LLC): Shiloh Adult Care, LLC

Please Check or Complete the Appropriate Sections:

- A. 1. ☒ NEW Entity Filing ☐ CHANGE to Existing Entity ☐ Resubmission/Corrected Document
2. ☒ Domestic (from Arizona) ☐ Foreign (organized in another state or country)
3. ☐ Profit/Business Corporation (B) ☐ Nonprofit Corporation (NP) ☒ LLC ☐ Trust ☐ Other
4. Payment ☐ Check # 3120 ☐ Cash ☐ MOD account # _____
Amount: \$ 85.00 ☐ No fee required ☐ See attached distribution of funds instructions
5. Processing ☒ Expedited (usually 1-3 day turn-around, \$35 Additional Fee Per Document)
☐ Regular (usually 4-7 week turn-around)

B. Filing Type: (Check one only)

- ☐ Articles of Domestication
☐ Articles of Incorporation
☒ Articles of Organization
☐ Application to Transact Business(B)
☐ Application to Conduct Affairs (NP)
☐ Application for New Authority
☐ Application for Registration
☐ Articles of Amendment
☐ Articles of Amendment & Restatement

RECEIVED

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ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

- ☐ Publication of _____
☐ Articles of Correction
☐ Merger of (name): _____
Into: _____
☐ Other: _____

C. Special Instructions: _____

D. Extras:

- ☐ Certified Copies- _____ (Qty. @ \$5 ea. for corps or \$10 ea. for LLCs) ☐ Expedite Certified Copies (\$35 extra)
☐ Good Standing Certificate- _____ (Qty. @ \$10 ea.) ☐ Expedite Good Standing (\$35 extra)

E. RETURN DELIVERY VIA: ☐ Mail or ☐ Pick Up or ☒ Fax # (928) 775-6341

The following individual should be called to pick up completed documents:

Name: _____ Phone: () _____

Pick-up by: _____ Date: _____

Please respond promptly to phone messages. Documents will be mailed if they are not picked up in a timely manner - approximately two weeks. In that event, the documents should be mailed to the following address:

Name: _____ Firm: _____

Address: _____

City, State, Zip: _____