



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 FEB 12 AM 8:47

1. The name of the limited liability company is:

SECRETARY OF STATE
STATE OF IDAHO

Idaho Autism Consultation LLC

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

6075 North Stafford Place, Boise ID 83713
(Street Address)

(Mailing Address, if different than street address)

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

Jill M. Greene, BCBA 6075 N. Stafford Pl Boise ID
(Name) (Street Address)

83713

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

Name	Address
<u>Jill M. Greene, BCBA</u>	<u>6075 N. Stafford Pl Boise ID 83713</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

6075 N. Stafford Pl Boise ID 83713

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 Jill Greene BCBA
Typed Name: Jill Greene BCBA

Signature _____
Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
02/12/2010 05:00
CK: 2010 CT: 184887 BN: 1287893
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