



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2011 OCT -6 PM 3:49

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Susan D Oldenkamp Counseling LLC

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

3807 Kingston Ave, Caldwell, ID 83605

(Street Address)

(Mailing Address, if different than street address)

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

Susan D Oldenkamp

(Name)

3807 Kingston Ave, Caldwell, ID 83605

(Street Address)

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

Name

Address

Susan D Oldenkamp

3807 Kingston Ave, Caldwell, ID 83605

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

3807 Kingston Ave, Caldwell, ID 83605

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

Signature of a manager, member or authorized person.

Signature Susan D Oldenkamp
Typed Name: Susan D Oldenkamp

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/06/2011 05:00
CK: 1363 CT: 263000 DN: 1293339
1 @ 100.00 = 100.00 ORGAN LLC # 2

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