



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 AUG 29 AM 10:41

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

State of Mind Counseling and Neurofeedback Center LLC

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

233 West State Street, Suite D, Eagle, ID 83616

(Street Address)

141 North Palmetto 1626, Eagle, ID 83616

(Mailing Address, if different than street address)

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

Lynda Smith

(Name)

233 West State Street, Suite D, Eagle, ID 83616

(Street Address)

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

Name

Address

Lynda Smith

141 North Palmetto 1626, Eagle, ID 83616

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

141 North Palmetto 1626, Eagle, ID 83616

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Lynda Smith

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/29/2014 05:00

CK:248 CT:300625 BH:1439375

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