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CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

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

Complete and submit the application in duplicate.**FILED EFFECTIVE****2016 MAR 17 PM 4:50**SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Nelson Counseling LLC

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

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

488 Blue Lakes Blvd. North, Twin Falls, Idaho 83301

(Street Address)

236 Bellevue Court, Twin Falls, Idaho 83301

(Mailing Address, if different)

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

Chris Meyerhoffer315 Falls Ave, Twin Falls, Idaho 83301

(Name)

(Address cannot be a post office box or postal mail box)

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

Mari Nelson236 Bellevue Court, Twin Falls, Idaho 83301

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

236 Bellevue Court, Twin Falls, Idaho 83301

(Address)

Signature of organizer(s).

Signature: Mari NelsonPrinted Name: Mari Nelson

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/18/2016 05:00

CX:3700790 CT:172099 BH:1519250

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