

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2015 MAY 21 PM 2: 30 (Instructions on back of application)

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The name of the limited liability com	npany is:	SECRETARY OF STATE STATE OF IDAHO
GUIDING LIGHT COUNSELING SERVICE	ES LLC	STATE OF IDAHO
The complete street and mailing add 1159 E IRON EAGLE DRIVE STE 170 EA (Street Address)		I designated office;
(Mailing Address, if different than street address)		
The name and complete street addre	ess of the registere	d agent:
CORINNE TEIGEN		NYON MERDIAN, ID 83646
(Name)	(Street Address)	
The name and address of at least or company:	ne member or mana	ager of the limited liability
Name	,	<u>Address</u>
CORINNE TEIGEN	5678 N PINERY CAN	NYON MERIDIAN ID 83646
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Mailing address for future correspond	dence (annual repo	ort notices):
5678 N PINERY CANYON MERIDIAN ID	-	
Future effective date of filing (optional	a():	
nature of a manager, member or	authorized	
son.		Secretary of State use only
nature (May beca	~	,,
ed Name: CORINNE TEIGEN		
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nature		05/21/2015 05:0
ed Name:		IK:638301232 CT:270947 BH
ed Name:)	16 100.00 = 100.00 ORGAN

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