



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 DEC -3 AM 9:59

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Center for Courageous Living LLC

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

130 North State Street, Hagerman, ID 83332

(Street Address)

986 Hillside Dr., Hagerman, ID 83332

(Mailing Address, if different than street address)

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

Kimberly White

(Name)

986 Hillside Dr., Hagerman, ID 83332

(Street Address)

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

Name

Address

Kimberly White

986 Hillside Dr. Hagerman, ID 83332

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

986 Hillside Dr., Hagerman, ID 83332

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

Signature of a manager, member or authorized person.

Signature Kim White

Typed Name: Kim White

Signature _____

Typed Name: _____

Secretary of State use only

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12/03/2012 05:00
CK: 128 CT: 276765 BH: 1349603
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