

FILED EFFECTIVE CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 JUN 16 AH 10: 17

(Instructions on back of application)

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1. The name of the limited liability co	mpany is:
Boise	e Family Counseling, LLC
2. The complete street and mailing ac	ddresses of the initial designated/principal office:
2399 S. Orcha	ard, No. 203, Boise, Idaho 83705
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street add	dress of the registered agent:
Stephanie A. Donaldson	2399 S. Orchard, No. 203, Boise, Idaho 83705
(Name)	(Street Address)
The name and address of at least of company:	one member or manager of the limited liability
<u>Name</u>	Address
Stephanie A. Donaldson	2399 S. Orchard, No. 203, Boise, Idaho 83705
5. Mailing address for future correspo	andence (annual report natices):
<u>-</u>	erd, No. 203, Boise, Idaho 83705
6. Future effective date of filing (optio	onal):
Signature of organizer(s). (An organizer is	a member, or is
acting in behalf of a member or members).	Secretary of State use only
Stown and Alonals	den 3
Signature Stephanu Albanale Typed Name: Stephanie A. Donald	ison 8.
Typed Name: Stephanie A. Donald	
Signaturo	Secretary of State Secreta
Signature	CX: NONE CT: 2105 BH: 1174964
Typed Name:	1 9 20.00 = 20.00 EXPENTE

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