ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

To the Secretary of State of Idaho
Corporations Division
700 West Jefferson Room 203
P.O. Box 83270, Boise, Idaho 83720-0080



| 1. | The name | of the | limited | liability | company is: | Juvenile Help | Options, | LLC. |
|----|----------|--------|---------|-----------|-------------|---------------|----------|------|
|----|----------|--------|---------|-----------|-------------|---------------|----------|------|

| 2. T | he address | of the | initial | registered | office | is: |
|------|------------|--------|---------|------------|--------|-----|
|------|------------|--------|---------|------------|--------|-----|

2553 ST Charles, Idaho Falls, ID, 83404

and the name of the initial registered agent at that address is: Karen Carlson

Signature of registered agent: Karen Carlson

3. The latest date certain on which the limited liability company will dissolve:

December 31, 2025

4. Is management of the limited liability company vested in a manager or members?

Members

5. If management is vested in one or more manager(s), list the name(s) and address of at least one initial manager. If management is vested in the members, list the names(s) and address of at least one initial member.

Name: Karen Carlson Address:

2553 ST Charles, Idaho Falls, ID, 83404

6. Signature of at least one person listed in #5 above:

Laren Carlson

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12/21/1998 69:00 CK: 1874 CT: 99329 MH: 171851

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