



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 NOV 18 AM 9:31

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

K-Counseling & Anxiety Treatment, 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:

325 East Shore Drive., Ste 120

(Street Address)

Eagle, ID 83616

(Mailing Address, if different)

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

Lisa Schiro

4814 North Allamar Drive, Boise, ID 83704

(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:

Lisa Schiro

4814 North Allamar Drive, Boise, ID 83704

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

4814 North Allamar Drive, Boise, ID 83704

(Address)

Signature of organizer(s).

Signature: _____

Printed Name: Lisa Schiro

Signature: _____

Printed Name: _____

Secretary of State use only

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11/18/2016 05:00

CK:1099 CT:331379 BH:1555983

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