

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JAN -2 AM 11: 23

(**************************************	SEURE TARY OF STATE
1. The name of the limited liabili	ty company is:
Boise Nature Counseling, LLC	
2. The complete street and maili 4980 W. State Street, Boise, ID 83 (Street Address)	ng addresses of the initial designated office:
(Mailing Address, if different than street ad	dress)
3. The name and complete stree	t address of the registered agent:
April Watts	2035 Three Mile Creek Way, Boise, ID 83709
(Name)	(Street Address)
company: <u>Name</u>	east one member or manager of the limited liability Address
April Watts	2035 Three Mile Creek Way, Boise, ID 83709
5. Mailing address for future correction 2035 Three Mile Creek Way, Boise	espondence (annual report notices): , ID 83709
6. Future effective date of filing (c	optional):
Signature of a manager, member person.	er or authorized
Simon Pomil Wanto	Secretary of State use only
Signature WMM WWW Typed Name: April Watts	W132714
Ale and individual of the second	IDAHO SECRETARY OF STATE
Signature	W1/62/2014 05:00 CK: 1656551 CT: 172099 PM: 1407043
Typed Name	1 9 100.88 = 100.80 ORGAN LLC # 2

cert_org_lic Rev. 07/2010

9/21/2012