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# CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 AUG -3 AM 8:45

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Snake River Counseling and Neurofeedback, LLC

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

3904 Washington Parkway Idaho Falls, Idaho 83404

(Street Address)

(Mailing Address, if different than street address)

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

Tyrone R. Shuman

(Name)

1326 Kiersten Dr. Chubbuck, Idaho 83202

(Street Address)

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

NameAddress

Tyrone R. Shuman

1326 Kiersten Dr. Chubbuck, Idaho 83202

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

1326 Kiersten Dr. Chubbuck, Idaho 83202

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Tyrone R. ShumanTyped Name: Tyrone R. Shuman

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
 08/03/2012 05:00  
 CK: 1885932 CT: 172899 DH: 1334555  
 1 @ 100.00 = 100.00 ORGAN LLC # 2  
 1 @ 20.00 = 20.00 EXPEDITE C # 3

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