



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED

(Instructions on back of application)

2015 JUN -9 AM 8:28

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

re-VIBE Counseling, LLC

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

488 Blue Lakes Blvd N Suite 108, Twin Falls, ID 83301

(Street Address)

Same

(Mailing Address, if different than street address)

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

Cindy Shotswell

(Name)

488 Blue Lakes Blvd N Suite 108, Twin Falls, ID 83301

(Street Address)

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

Name

Address

Cindy Shotswell

488 Blue Lakes Blvd N Suite 108, Twin Falls, ID 83301

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

488 Blue Lakes Blvd N Suite 108, Twin Falls, ID 83301

6. Future effective date of filing (optional): July 1, 2015

Signature of a manager, member or authorized person.

Signature Cindy Shotswell
Typed Name: Cindy Shotswell

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/09/2015 05:00

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