

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

09 NOV -6 AM 8: 39

SECRETARY OF STATE STATE OF IDAHO

The name of the limited liability com	Life Counseling, LLC	
The complete street and mailing add	resses of the initial designated/princip	al office:
(Street Address)	600 W, Driggs, ID 83422	·
PO Box	x 229, Driggs, ID 83422	
(Mailing Address, if different than street address)	,	4.
The name and complete street addre	ess of the registered agent:	
John L. Oakley	140 N. 600 W., Driggs, ID 83422	2
(Name)	(Street Address)	
company:	ne member or manager of the limited li	
John L. Oakley	140 N. 600 W., Driggs, ID 83422	2
- 1020-0020 (C. 1000)		<u></u>
		×
Mailing address for future correspond	dence (annual report notices):	
John L. Oakiey,	PO Box 229, Driggs, ID 83422	
Future effective date of filing (optiona	al):	**************************************
a.		
ature of organizer(s). (An organizer is a r ı in behalf of a member or members).	member, or is	
	Secretary of State us	e only
ature Sale Cole	1 1 / 26 A STATE OF THE STATE O	•
ed Name/ John L. Oakley		CARPTAGY OF STAT
	IDAHO 9 11/262	ECRETARY OF STATE

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