

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 NOV 10 PM 2: 25

1.	The name of the limited liability company is:				STATE OF IDAHO		
	Intimacy Mentor	LLC					
2.	The complete street and mailing addresses of the initial designated office: 2255 E Faunhill Drive, Eagle ID 83616						
	(Street Address)						
	(Mailing Address, if different than street address)						
3.	The name and complete street address of the registered agent:						
	Mickey Reynolds	2255 E Faunhill Drive, Eagle ID 83616					
	(Name)	(Street Address)					
4.	The name and address of at least one member or manager of the limited liability company: Name Address						
	<u>Name</u> Lauren M Adier	2255 E Faunhill Drive, Eagle ID 83616					
	Mickey Respublis	2255	& Familia	1 Da	Sagle	936Co	
					<u> </u>		
5.	Mailing address for future correspon	ndence (anr	nual report noti	ces):			
6.	Future effective date of filing (option	ıal):					
-	nature of a manager, member or son.	authorized	d				
ν Οι,				Secretary of St		Q#7.#P	
Sig	nature	11/10/2014 05:00					
Тур	ped Name: Milkey Reynolds					BH:144885 GAN LLC #	

W144207

Signature ______

Typed Name: