



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2002 SEP -5 PM 2:10

CLERK OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ANGIE CLANCY COUNSELING SERVICE LLC

2. The street address of the initial registered office is:

586 S CLANCY DR., POST FALLS, IDAHO, 83854

and the name of the initial registered agent at the above address is:

ANGIE CLANCY

3. The mailing address for future correspondence is:

586 S. CLANCY DR., POST FALLS, IDAHO 83854

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) or at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
<u>ANGIE CLANCY LCPC</u>	<u>586 S CLANCY, POST FALLS, ID 83854</u>
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6. Signature of at least one person responsible for forming the limited liability company:

Signature: *Angie Clancy*
 Typed Name: ANGIE CLANCY
 Capacity: MEMBER

Signature: _____
 Typed Name: _____
 Capacity: _____

Secretary of State use only

g:\corp\forms\LLC\form1215fororganization.pdf
Revised 07/2002

IDAHO SECRETARY OF STATE
 09/05/2002 05:00
 CK: 1453 CT: 163277 BH: 486565
 1 @ 100.00 = 100.00 ORGAN LLC # 2
 1 @ 20.00 = 20.00 EXPEDITE C # 3

W2 0608