



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

State Avenue Counseling LLC

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

39 E. State Ave., Meridian, ID 83642

(Street Address)

(Mailing Address, if different than street address)

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

Camilla Pearson

(Name)

2313 Kootenai St., Boise, ID 83705

(Street Address)

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

**Name**

**Address**

Camilla Pearson

2313 Kootenai St., Boise, ID 83705

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

2313 Kootenai St., Boise, ID 83705

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Camilla Pearson

Typed Name: Camilla Pearson

Signature \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE  
01/07/2011 05:00  
CK: 242 CT: 254138 BH: 1254383  
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