



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 SEP -9 AM 8:56

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

The Eating Disorder Center, LLC

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

2584 N Stokesberry Meridian ID 83646

(Street Address)

(Mailing Address, if different than street address)

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

Kristi L Shohet

9443 W Golden View Star ID 83669

(Name)

(Street Address)

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

Name

Address

Garry L Shohet

9443 W Golden View Star ID 83646

Kristi L Shohet

9443 W Golden View Star 83646

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

2584 N Stokesberry Meridian ID 83646

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

Kristi L Shohet

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

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09/09/2009 05:00  
CK: 388648 CT: 172899 BH: 1186253  
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