



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 FEB 23 AM 9:41
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ALTERNATIVE SOLUTIONS, LLC

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

1044 NORTHWEST BLVD SUITE B COEUR D'ALENE, ID 83814

(Street Address)

(Mailing Address, if different than street address)

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

MADSEN LAW OFFICES, PC

(Name)

1044 NORTHWEST BLVD SUITE B CDA, ID 83814

(Street Address)

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

Name

Address

HENRY D. MADSEN

1044 NORTHWEST BLVD SUITE B CDA, ID 83814

ALEX MADSEN

1044 NORTHWEST BLVD SUITE B CDA, ID 83814

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

1044 NORTHWEST BLVD SUITE B COEUR D'ALENE, ID 83814

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name:

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

02/23/2015 05:00

CK:4623 CT:249356 BH:1462828

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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