

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

12 JAN -6 PM 12:57

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

State of Mind Counseling and Wellness Center LLC

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

233 West State Street #D, Eagle, ID 8616

(Street Address)

372 South Eagle Road #326, Eagle, ID 83616

(Mailing Address, if different than street address)

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

Lynda Smith

(Name)

233 West State Street #D, Eagle, ID 83616

(Street Address)

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

Name**Address**

Lynda Smith

372 South Eagle Road #326, Eagle, ID 83616

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

372 South Eagle Road #326, Eagle, ID 83616

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Lynda Smith

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
01/06/2012 05:00
CK: 3001 CT: 226506 BH: 1304892
1 @ 100.00 = 100.00 ORGAN LLC # 2

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