

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

Capacity:

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

2008 MAR 27 AM 10: 412 VE

(instructions on back of application) SECRETARY OF STATE
STATE OF IDAHO 1. The name of the limited liability company is: AJI COUNSELING, LLC 2. The street address of the initial registered office is: 3158 NO. 10th STREET, COEUR D'ALENE, IDAHO 83815 and the name of the initial registered agent at the above address is: JACOB WILLIAM IRVIN 3. The mailing address for future correspondence is: P.O. BOX 5114, COEUR D'ALENE, IDAHO 83814 4. The limited liability company will be: Manager-managed or Member-managed X (please check the appropriate box) 5. If manager-managed, list the name(s) and address(es) of at least one initial manager. if member-managed, list the name(s) and address(es) of at least one initial member. Name Address JACOB WILLIAM IRVIN P.O. BOX 5114, COEUR D'ALENE, ID 83814 ELLIE J. IRVIN P.O. BOX 5114, COEUR D'ALENE, ID 83814 6. Signature of at least one person responsible for forming the limited liability company: Signature: Secretary of State use only Typed Name: JACOB WILLIAM IRVIN Capacity: <u>MEMBER-OWNER</u> Signature\_

IDAHO SECRETARY OF STATE 03/27/2008 05:00 CK: 1515760 CT: 172099 BH: 1107007 1 € 100.00 = 100.00 ORGAN LLC # 2