



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 FEB 28 AM 8:58

1. The name of the limited liability company is:

Restoration Counseling LLC

SECRETARY OF STATE
STATE OF IDAHO

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

4980 W. State Street, Boise, Id. 83703

(Street Address)

(Mailing Address, if different than street address)

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

Stephanie R. Baker

1395 W. Colville Ct. Eagle, Id. 83616

(Name)

(Street Address)

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

Name

Address

Stephanie R. Baker

1395 W. Colville Ct. Eagle, Id. 83616

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

Stephanie R. Baker 1395 W. Colville Ct. Eagle, Id. 83616

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

Signature of a manager, member or authorized person.

Signature Stephanie R. Baker

Typed Name: Stephanie R. Baker

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/28/2014 05:00
CX: 1139 CT: 287184 BH: 1412887
1 @ 100.00 = 100.00 ORGAN LLC # 2

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