



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2016 AUG 26 PM 3:32

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

Life Story Counseling LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

5185 W. Overland Rd, Boise, ID 83705

(Street Address)

(Mailing Address, if different)

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

Anthony Hall, 5185 W. Overland Rd, Boise, ID 83705

(Name)

(Address **cannot** be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:

Anthony Hall, 5185 W. Overland Rd, Boise, ID 83705

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

5185 W. Overland Rd, Boise, ID 83705

(Address)

Signature of organizer(s).

Signature: _____

Printed Name: Anthony Hall

Signature: _____

Printed Name: Anthony Hall

Secretary of State use only

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08/26/2016 05:00

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