

251

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 SEP 23 PM 3:02

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Apex Adventure Therapy, LLC

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

5605 Inland Shores Way, Suite 202, Keizer, OR 97303

(Street Address)

(Mailing Address, if different than street address)

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

National Registered Agents, Inc.

(Name)

921 South Orchard Street, Suite G, Boise, ID 83705

(Street Address)

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

Name

Address

Opal Creek Capital, LLC

5605 Inland Shores Way, Suite 202, Keizer, OR 97303

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

5605 Inland Shores Way, Suite 202, Keizer, OR 97303

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Lesla Hays, Authorized Person

Signature _____

Typed Name: _____

Secretary of State use only

W 129429

IDAHO SECRETARY OF STATE
09/23/2013 05:00
CK: NONE CT: 90243 BH: 1391149
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3