51			FILED EFFECTIVE
	CERTIFICATE OF C LIMITED LIABILIT		$\langle \eta, \gamma, \eta_{1} \rangle$
CALL OF STREET	(Instructions on back of application)		
1. The	name of the limited liability corr	ipany is:	STATE OF OF STATE
	ter Counseling Services, LLC		· MAHO''L
446	complete street and mailing add 0 Central Way, Suite 4, Chubbuck, Ida et Address)		esignated office:
(Mail	ing Address, if different than street address)		
3. The	name and complete street addre	ess of the registered a	agent:
	e V. Erickson	201 E. Center Street, Po	ocatello, Idaho 83201
(Nan	ne)	(Street Address)	
Lee Ann Turpin Martin B. Calder		· · ·	e 4, Chubbuck, Idaho 83202 e 4, Chubbuck, Idaho 83202
	ng address for future correspon	• •	notices):
440	0 Central Way, Suite 4, Chubbuck, Ida		
6. Futu	re effective date of filing (option	al):	
Signatur person.	e of a manager, member or	authorized	
Signature Typed N			Secretary of State use only
Signature Typed N			IDAHO SECRETARY OF STATE @7/18/2013 05:00 CK: 70087 CT: 1188 BH: 1382591 1 0 100.00 = 100.00 ORGAN LLC # 2

cert_org_lic Rev. 07/2010

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