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CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

Eardley Family Counseling LLC

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

924 3RD Street South Suite C Nampa Id
(Street Address) 83686

(Mailing Address, if different than street address)

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

Carolyn Eardley 2724 Sunflower Dr. Nampa, Id
(Name) (Street Address) 83686

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

Name	Address
<u>Carolyn Eardley</u>	<u>2724 Sunflower Dr. Nampa Id</u> 83686
<u>Lance Eardley</u>	<u>2724 Sunflower Dr Nampa Id</u> 83686
_____	_____
_____	_____

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

924 3RD Street South Suite C Nampa Id. 83686

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Carolyn Eardley
Typed Name: Carolyn Eardley

Signature _____
Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
07/22/2009 05:00
CK: 0382 CT: 239029 BN: 1179793
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