



CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application) 2012 JAN 24 AM 9:04

2012 JAN 24 AM 9:04

- 1. The name of the limited liability company is:**

RaeLynn Grant Counseling

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

1301 S. Capitol Blvd Boise,
(Street Address)

(Street Address)

Id 83106
(Mailing Address, if different than street address)

(Mailing Address, if different than street address)

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

Raelynn Grant
(Name)

1415. S. Colorado Ave Boise, Id
(Street Address) 83706

(Name)

(Street Address)

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

Name	Address
RaeLynn Grant	1301. S. Capitol Blvd Boise, Id 83706


Name

Address

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

1415 S. Colorado Ave Boise ID 83706

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

Signature of a manager, member or authorized person. 

Signature T. Grant

Typed Name: Rae Lynn Grant

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/24/2012 05:00
CK: 249 CT: 266258 BH: 1307462
1 @ 100.00 = 100.00 ORGAN LLC 1 2

W40398