CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 OCT 30 AM 9: 02

(motifactions on back of application	
1. The name of the limited liability company is:	SECRETARY OF STATE STATE OF IDAHO
Michelle Bishop Counseling	Services, LLC
2. The complete street and mailing addresses of th	e initial designated office:
(Street Address) Blueberry Circle Has	yden IQ. 83835
(Malling Address, if different than street address)	
3. The name and complete street address of the re	gistered agent:
Michelle Bishop 2792 (Name) (Street Address	Blueberry Circle
The name and address of at least one member of company:	or manager of the limited liability
Name	Address
Michelle Bishop 279	3 Blueberry Circle
5. Mailing address for future correspondence (annu	·
2793 Blueberry Circle, How	den. 10. 83835
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized person.	
	Secretary of State use only
Signature <u>Michelle Bishop</u> Typed Name: <u>Michelle Bishop</u>	IDAHO SECRETARY OF STATE
Typed Hame. Michelle Disnop	10/30/2014 05:00 CK:3194 CT:302721 BH:1447414
Signature	16 100.00 = 100.00 ORGAN LLC #
Typed Name:	W48801
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