



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 SEP -8 AM 9:22

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Wellspring Counseling and Wellness Services, LLC

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

2577 S Five Mile Rd

(Street Address)

Boise, ID 83709

(Mailing Address, if different than street address)

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

Laurie Rhuman

(Name)

165 S Five Mile Rd., Boise, ID 83709

(Street Address)

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

Name

Address

Laurie Rhuman

165 S Five Mile Rd., Boise, ID 83709

Randy Rhuman

165 S Five Mile Rd., Boise, ID 83709

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

165 S Five Mile Rd., Boise, ID 83709

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Laurie Rhuman

Signature

Typed Name: Randy Rhuman

Secretary of State use only

IDAHO SECRETARY OF STATE

09/08/2014 05:00

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