



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE
2014 APR 14 AM 10:20

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Adult Transitions Consulting and Counseling Services LLC

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

188 N. White Bird Ridge Rd New Meadows, ID 83654

(Street Address)

(Mailing Address, if different than street address)

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

Maja Ledgerwood

(Name)

188 N. White Bird Ridge Rd New Meadows, ID 83654

(Street Address)

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

Name

Address

Maja Ledgerwood

188 N. White Bird Ridge Rd. New Meadows, ID 83654

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

188 N. White Bird Ridge Rd. New Meadows, ID 83654

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Maja Ledgerwood 4/12/14

Typed Name: Maja Ledgerwood

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/14/2014 05:00
CK: 1473 CT: 295628 BH: 1420077
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