CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 OCT 14 AM 8:17

SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

1. The name of the limited liability company is:

Chris Klover Counseling, LLC

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

5703 Parapet Court, Boise, Idaho 83703
(Street Address)

(Mailing Address, if different than street address)

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

Christine L. Klover (Name) — 5703 Parapet Ct. Boise, ID 83703 (Street Address)

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

Name	Address
Christine L. Klover	5703 Parapet Ct. Boise, ID 83703

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

Christine L. Klover 5703 Parapet Ct. Boise, ID 83703

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 Christine L. Klover

Typed Name: Christine L. Klover

Signature _____

Typed Name: _____

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Revised 07/2008

Secretary of State use only

IDAHO SECRETARY OF STATE
10/14/2009 05:00
CK: 5138 CT: 241355 BH: 1190974
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