



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

09 AUG -4 AM 11:59

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Ashwood Recovery LLC.

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

4419 North Supai Avenue Meridian Idaho 83646  
(Street Address)

(Mailing Address, if different than street address)

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

Benjamin Seymour  
(Name)

4419 N. Supai Ave. Meridian ID. 83646  
(Street Address)

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

Benjamin Seymour  
Name

4419 N. Supai Ave. Meridian ID. 83646  
Address

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

4419 N. Supai Ave Meridian Id. 83646

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

Typed Name:

Benjamin Seymour

Signature

Typed Name:

Secretary of State use only

W 85892

IDAHO SECRETARY OF STATE  
08/04/2009 05:00  
CK: 292400 CT: 172099 BH: 1181400  
1 @ 100.00 = 100.00 ORGAN LLC # 2