

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2013 OCT 23 AM 9: 10

(Instructions on back of application)

T.	(Instructions on baci	t or application)	A
1.	The name of the limited liability con	mpany is:	SECINE LAY OF STATE STATE OF IDAHO
	Advocate 4 Kids, LLC		
2.	The complete street and mailing addresses of the initial designated office: 1444 E Maple St Pocatello, ID 83201		
	(Street Address)		
	P O Box 4339 Pocatello, ID 83201		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Cori Hadley	1444 E Maple St	
	(Name)	(Street Address)	
	Cori Hadley LeeAnn Manning	2850 Bannock Hwy #15 Pocatello , ID 83204	
5.	Mailing address for future correspo	ndence (annual report	notices):
	1444 E Maple St Pocatello, ID 83201		
6.	Future effective date of filing (option	nal):	
_	nature of a manager, member of	r authorized	
-	nature Coral College	en	Secretary of State use only
Тур	ed Name: Cori Hadley	X	

IDAHO SECRETARY OF STATE
10/23/2013 05:00
CK: 2485 CT: 288879 BH: 1395879
1 0 100.00 = 100.00 ORGAN LLC 0 2

W130423

Signature <u>Sallan Manning</u>
Typed Name: <u>LeeAnn Manning</u>