



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2003 MAY -5 PM 2:47

STATE OF IDAHO

1. The name of the limited liability company is:

Family Therapy Services of North Idaho, LLC

2. The street address of the initial registered office is:

1115 Ironwood Drive Suite C Coeur d'Alene, ID 83814

and the name of the initial registered agent at the above address is:

Jodi Smith

3. The mailing address for future correspondence is:

1115 Ironwood Drive Suite C Coeur d'Alene, ID 83814

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) or at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

| Name | Address |
|-------------------------|--------------------------------|
| <u>Jodi Smith</u> | <u>2253 S. Comet Trail</u> |
| | <u>Post Falls, ID 83854</u> |
| <u>Pascale Cafferty</u> | <u>603 N. 7th Street</u> |
| | <u>Coeur d'Alene, ID 83814</u> |

6. Signature of at least one person responsible for forming the limited liability company:

Signature: Jodi S. Smith

Typed Name: Jodi S. Smith

Capacity: Majority Member

Signature: _____

Typed Name: _____

Capacity: _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
05/06/2003 05:00
CK: 4191 CT: 169767 BN: 678912
1 @ 100.00 = 100.00 ORGAN LLC # 2

Web Form:

W 24058