

251

**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.**FILED EFFECTIVE**

2016 APR 14 AM 9:34

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
A Chance 4 Change, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:
401 Gooding Street North, Suite 103, Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different)

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

Melissa Osen

401 Gooding Street North, Suite 103, Twin Falls, ID 83301

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Melissa Osen

401 Gooding Street North, Suite 103, Twin Falls, ID 83301

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

401 Gooding Street North, Suite 103, Twin Falls, ID 83301

(Address)

Signature of organizer(s).

Printed Name: Melissa Osen, ManagerSignature: Melissa Osen

Printed Name: _____

Signature: _____

Rev. 08/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

04/14/2016 05:00

CK:3776016 CT:172099 BH:1523591

IG 100.00 = 100.00 ORGAN LLC #2

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