



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 MAY -2 AM 9:52

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Treasure Valley Counseling Center, LLC

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

1031 E. Park Blvd. Boise Id 83712

(Street Address)

(Mailing Address, if different than street address)

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

Manibeth Horan

(Name)

1504 S. Loggers Pond Pl. #37

(Street Address)

Boise Id 83706

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

**Name**

**Address**

Melanie Hood

1611 N. 8th Boise Id 83702

Manibeth Horan

1504 S. Loggers Pond Pl. #37

Boise Id 83706

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

1031 E. Park Blvd. Boise Id 83712

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Manibeth Horan

Typed Name:

Manibeth Horan

Signature

Typed Name:

Melanie Hood

Secretary of State use only

IDAHO SECRETARY OF STATE  
05/02/2013 05:00  
CK: 2443 CT: 282642 BH: 1372861  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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