



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JUN 27 AM 8:55

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

One Tree Counseling, LLC

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

1820 E 17th Street, Suite 150

(Street Address)

Idaho Falls, ID 83404

(Mailing Address, if different than street address)

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

Kimberly W Johnson

(Name)

7200 S Culebra Rio, Idaho Falls, ID 83406

(Street Address)

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

Name

Address

Kimberly W Johnson

7200 S Culebra Rio, Idaho Falls, ID 83406

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

1820 E 17th Street, Suite 150, Idaho Falls, ID 83404

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Kimberly W Johnson

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
06/27/2013 05:00
CK: 3257 CT: 284775 BH: 1379963
1 @ 100.00 = 100.00 ORGAN LLC # 2

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