

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 JAN 30 PM 1:13

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Treasure Valley Counseling Associates, LLC

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

1031 E. Park Blvd., Boise, Idaho 83712

(Street Address)

(Mailing Address, if different than street address)

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

Maribeth Horan

(Name)

1031 E. Park Blvd., Boise, Idaho 83712

(Street Address)

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

NameAddress

Maribeth Horan, Member

1031 E. Park Blvd., Boise, Idaho 83712

Kathy Prindle, Manager

1031 E. Park Blvd., Boise, Idaho 83712

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

1031 E. Park Blvd., Boise, Idaho 83712

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Maribeth HoranTyped Name: Maribeth Horan

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/30/2015 05:00

CK:12407 CT:136571 BH:1459571

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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