

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:

Name	Address
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 Horan
Typed 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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