

251



CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE**
LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 JUL -9 PM 4:47

SECRETARY OF STATE
STATE OF IDAHO1. The name of the limited liability company is:Patterson Compassionate Counseling, LLC2. The complete street address, and mailing address if different, of the initial designated/principal office:414 Shoupe Ave, P.O. Box 50977, Idaho Falls, ID 83405-09773. The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:Dr. LaVonna D. Patterson5003 Shadow Creek Dr. Idaho Falls, ID 834014. The name and address of at least one member or manager of the limited liability company:

Name

Address

Dr. LaVonna D. Patterson 5003 Shadow Creek Dr. Idaho
Falls, ID, 83401

5. Mailing address for future correspondence (annual report notices):414 Shoupe Ave, P.O. Box 50977, Idaho Falls, ID 83405-09776. Future effective date of filing (optional): 7/31/08

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

LaVonna D. Patterson
 Signature
 Typed Name: LaVonna D. Patterson

Signature
 Typed Name: _____

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 07/09/2008 05:00
 130244 172099 1126369
 1 e 100.00 = 100.00 ORGAN LLC # 2

Secretary of State use only

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 07/09/2008 05:00
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