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

(Instructions on back of application)

08 JUL -9 PM 4:47

1. The name of the limited liability company is:

SECRETARY OF STATE
STATE OF IDAHOPatterson Compassionate Counseling, LLC

2. 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 83405-0977

3. 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 83401

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

Name

Address

<u>Dr. LaVonna D. Patterson</u>	<u>5003 Shadow Creek Dr. Idaho Falls, ID, 83401</u>
_____	_____
_____	_____
_____	_____

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

414 Shoupe Ave, P.O. Box 50977, Idaho Falls, ID 83405-0977

6. Future effective date of filing (optional):

7/31/08Signature of an organizer(s). (An organizer is a member,
or is acting in behalf of a required, and existing, initial member
or members).

Signature: LaVonna D. Patterson

Typed Name: LaVonna D. Patterson

Signature _____

Typed Name: _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
07/09/2008 05:00
CK: 130244 CT: 172099 BH: 1126369
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