



Revised 12/2018

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

For Office Use Only

## -FILED-

File #: 0004524056

| Jo.   | Title 30, Chapters 21 and Base Filing fee: \$100.00 + \$  | 25, Idaho Code  Date Filed: 11/30/2021 10:33:00 AM  20.00 for manual processing (form must be typea). | T/ 30    |
|---|---|---|----------|
| 1.  | The name of the limited liability comp Hope Counseling & Consultir  | ng, LLC   | 1787/    |
|   | (Remember to include the words "Limited Liability Company," "Limited Company, "or the abbreviations L.L.C., LLC, or LC) |   | F        |
| 2.  | The complete street and mailing addresses of the principal office is:   |   |          |
|   | 718 South 7th Avenue, Caldwell, ID 83605  |   | ŭ        |
|   | (Street Address) 6120 Sydney Circle, Nampa, ID 83687  |   | 1        |
|   | (Mailing Address, if different)   |   | 7        |
| 3.  | The name and complete street address of the registered agent:   |   | ה<br>ה   |
|   | Alyssa Rogers   | 718 South 7th Avenue Caldwell, ID 83605   | ;<br>-   |
|   | (Name)  | (Address)   |          |
| 4. The name and address of at least one governor of the limited liability compa |   | e governor of the limited liability company:  | ð        |
|   | Alyssa Rogers   | 6120 Sydney Circle, Nampa, ID 83687   | Υ.       |
|   | (Name)  | (Address)   | ŧ        |
|   |   |   | Ų        |
|   | (Name)  | (Address)   | - "      |
|   |   |   | מ        |
|   | (Name)  | (Address)   |          |
|   |   |   | ~        |
|   | (Name)  | (Address)   |          |
| 5.  | Mailing address for future correspond   | dence (annual report notices):  | Ų        |
| 0.  | Mailing address for future correspondence (annual report notices): 6120 Sydney Circle, Nampa, ID 83687                  |   | ğ        |
|   | (Mailing Address)   |   | —A       |
| Sign  | ature of organizer(s).  |   | <u> </u> |
| Print   | ed Name: Alyssa Rogers  | Secretary of State use only   |          |
|   | 7.17054 (togold   |   | ת<br>ב   |
| Sign  | ature:  |   | C        |
|   |   |   | Ç        |
| Print   | ed Name:  |   | 11       |
| Sign  | ature:  |   | ,<br>Le  |