



**ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

FILED EFFECTIVE
MAY 10 2011

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SECRETARY OF STATE
STATE OF IDAHO

- 1. The name of the limited liability company is:**

LCSW Therapy Services, LLC

- 2. The street address of the initial registered office is:**

2300 N. Yellowstone #4 Idaho Fall, Idaho 83401

and the name of the initial registered agent at the above address is:

Lynetta R. Hagler, LCSW

3. The mailing address for future correspondence is:

2300 N. Yellowstone #4

- 4. Management of the limited liability company will be vested in:**

Manager(s) ☒ or Member(s) ☐ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name

Address

Lynetta R. Hagler, LCSW

131 So. Lincoln St. P.O. Box 222, Lewisville,

Idaho, 83431

6. Signature of at least one person responsible for forming the limited liability company:

Signature: James R. Hader, LCSW

Typed Name: Lynetta R. Hagler, LCSW

Capacity: Executive Director

Signature _____

Typed Name:

Capacity:

Secretary of State use only

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Revised 07/2002

Web Forum

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