



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code  
Base Filing fee: \$100.00 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**  
2018 SEP 13 AM 8:48

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

**Trusted Practice Transitions LLC**

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

**2511 E 100 N Teton Idaho 83451**

(Street Address)

**PO Box 301 Teton Idaho 83451**

(Mailing Address, if different)

3. The name and complete street address of the registered agent:

**Caleb Carter**

**2511 E 100 N Teton Idaho 83451**

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

**Caleb Carter**

**PO Box 301 Teton Idaho 83451**

(Name)

(Address)

**Rachel Carter**

**PO Box 301 Teton Idaho 83451**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

**PO Box 301 Teton Idaho 83451**

(Address)

Signature of organizer(s).

Printed Name: **Caleb Carter**

Signature: *Caleb Carter*

Printed Name: **Rachel Carter**

Signature: *Rachel Carter*

Secretary of State use only

IDAHO SECRETARY OF STATE

**09/13/2018 05:00**

CK:208 CT:363438 BH:1664080

10 100.00 = 100.00 ORGAN LLC #2

*W208698*