



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 SEP 17 AM 8:45

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Coby Tefft, LMFT, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

503 Hillview Dr. Boise, Id 83712

(Street Address)

(Mailing Address, if different than street address)

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

Coby Tefft

(Name)

503 Hillview Dr. Boise, Id 83712

(Street Address)

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

NameAddress

Coby Tefft

503 Hillview Dr. Boise, Id 83712

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

503 Hillview Dr. Boise, Id 83712

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Coby Tefft

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
09/17/2010 05:00
CK: 2201 CT: 251339 BH: 1239319
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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