



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

08 AUG -6 AM 8:16

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Chatterton Speech Therapy LLC

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

2637 Lavender Idaho Falls, ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

Rian N. Chatterton

(Name)

2637

(Street Address)

Lavender Idaho Falls, ID 83401

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

Name

Address

Rian N. Chatterton

2637 Lavender Idaho Falls, ID 83401

Richard B. Chatterton

2637 Lavender Idaho Falls, ID 83401

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

2637 Lavender Idaho Falls, ID 83401

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Rian N. Chatterton

Typed Name:

Rian N. Chatterton

Signature

Richard B. Chatterton

Typed Name:

Richard Chatterton

Secretary of State use only

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Revised 07/2008

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08/06/2008 05:00
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