







## STATE OF IDAHO Office of the secretary of state, Phil McGrane **CERTIFICATE OF ORGANIZATION LIMITED** LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0005933268

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Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Se descriptions below)	rvice (see Standard (filing fee \$100)
Limited Liability Company Name     Type of Limited Liability Company	Limited Liability Company
Entity name	Roots & Wings Counseling Services, LLC
The complete street address of the principal office is:     Principal Office Address	1425 NORTH MARCASITE COURT POST FALLS, ID 83854
The mailing address of the principal office is:     Mailing Address	1425 N MARCASITE CT POST FALLS, ID 83854-6921
4. Registered Agent Name and Address	
Registered Agent  I affirm that the registered agent appointed ha	Registered Agent Christina Dawn Colistro Physical Address: 1425 NORTH MARCASITE COURT POST FALLS, ID 83854 Mailing Address: 1425 N MARCASITE CT POST FALLS, ID 83854-6921 s consented to serve as registered agent for this entity.
	a concented to convolue regional agent for this entity.
5. Governors	
Name	Address
	425 NORTH MARCASITE COURT POST FALLS, ID 83854
Signature of Organizer:	
Christina Dawn Colistro	10/08/2024
Sign Here	Date